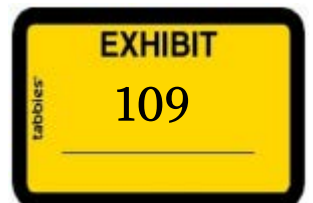


Review your print out for checklist items.



Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | | | |
|---|--|-------------------------------|--------------------|---|--|
| Your first name and middle initial Candy | | Last name Williams | | Your social security number ██████ - 9938 | |
| If joint return, spouse's first name and middle initial Scott | | Last name Williams | | Spouse's social security number ██████ - 0922 | |
| Home address (number and street). If you have a P.O. box, see instructions. 11423 Spotted Fawn Ln | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Bigfork | | | State MT | ZIP code 599117335 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> If qualifies for (see instructions): | |
|--|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--|---|----------------|-----------------|
| Attach Sch. B if required. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 78,029. |
| | 2a | Tax-exempt interest | 2b | |
| | 3a | Qualified dividends | 3b | |
| | 4a | IRA distributions | 4b | |
| | 5a | Pensions and annuities | 5b | |
| | 6a | Social security benefits | 6b | |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions. | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 9 | 8 | -24,478. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 53,551. |
| | 10 | Adjustments to income: | | |
| | a | From Schedule 1, line 22 | 10a | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | 250. |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | 250. |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | 53,301. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 24,800. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | 0. |
| 14 | Add lines 12 and 13 | 14 | 24,800. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 28,501. | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions.

Form **1040** (2020)

| | | | |
|--|--|----------------------|--|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 3,028. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 3,028. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 117. |
| 21 | Add lines 19 and 20 | 21 | 117. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,911. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 2,911. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,943. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,943. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) No | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,743. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 832. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 832. |
| Direct deposit? See instructions. | b Routing number 3 2 4 3 7 7 5 1 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 6 1 4 1 | | |
| | 36 Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| For details on how to pay, see instructions. | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | |
| | 38 Estimated tax penalty (see instructions) | 38 | |
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No | | |
| | Designee's name | Phone no. | Personal Identification number (PIN) |
| Sign Here | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| | Your signature | Date | Your occupation |
| | | | Manager |
| Joint return? See instructions. Keep a copy for your records. | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation |
| | | | Retired |
| | Phone no. (801) 694-5409 | Email address | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date |
| | Firm's name Self-Prepared | PTIN | Check if: <input type="checkbox"/> Self-employed |
| | Firm's address | Phone no. | Firm's EIN |

Go to www.irs.gov/Form1040 for instructions and the latest information.

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Form **1040** (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Candy & Scott Williams

Your social security number
[REDACTED] -9938

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | -24,478. |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -24,478. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

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Schedule 1 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Candy & Scott Williams

Your social security number

■■■■■-9938

Part I Nonrefundable Credits

| | | | |
|----------|--|----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 117. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 117. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|--|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | Deferral for certain Schedule H or SE filers (see instructions) | 12e | |
| f | Add lines 12a through 12e | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 13 | |

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Schedule 3 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

| | | |
|--|---|--|
| Name of proprietor Candy Williams | | Social security number (SSN) -9938 |
| A Principal business or profession, including product or service (see instructions) Consulting | B Enter code from instructions ► 5 4 1 6 0 0 | |
| C Business name. If no separate business name, leave blank. Viking Investment | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ► 11423 Spotted Fawn Ln City, town or post office, state, and ZIP code Bigfork, MT 59911-7335 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► | | |
| G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| H If you started or acquired this business during 2020, check here <input type="checkbox"/> | | |
| I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part I Income

| | | |
|---|----------|------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 | 275. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 275. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 275. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 275. |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|------------|----------|---|------------|---------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | 282. |
| 9 Car and truck expenses (see instructions). | 9 | 4,016. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | | 21 Repairs and maintenance | 21 | 836. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | 327. |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 14,760. |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | 761. |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 3,771. |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | |
| | | | b Reserved for future use | 27b | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 24,753. | | | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | -24,478. | | | |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>3196</u> and (b) the part of your home used for business: <u>280</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | -24,478. | | | |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a <input checked="" type="checkbox"/> All investment is at risk. | | |
| | | | 32b <input type="checkbox"/> Some investment is not at risk. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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Schedule C (Form 1040) 2020

| | |
|-----------|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation |
| 36 | Purchases less cost of items withdrawn for personal use |
| 37 | Cost of labor. Do not include any amounts paid to yourself |
| 38 | Materials and supplies |
| 39 | Other costs |
| 40 | Add lines 35 through 39 |
| 41 | Inventory at end of year |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 |

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 01/01/2016

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

| | | | | | |
|-------------------|-------|---------------------------------------|--|----------------|---|
| a Business | 6,985 | b Commuting (see instructions) | | c Other | 0 |
|-------------------|-------|---------------------------------------|--|----------------|---|

45 Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use?. ☒ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

| | |
|-----------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 | Total other expenses. Enter here and on line 27a 48 |

Credit for Qualified Retirement Savings Contributions

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
 ► **Go to www.irs.gov/Form8880 for the latest information.**

Name(s) shown on return

Candy & Scott Williams

Your social security number

- 9938



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2003; **(b)** is claimed as a dependent on someone else's 2020 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2017 and **before** the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 1,167. | |
| 3 | 1,167. | |
| 4 | | |
| 5 | 1,167. | |
| 6 | 1,167. | |
| 7 | | 1,167. |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$19,500 | 0.5 | 0.5 | 0.5 |
| \$19,500 | \$21,250 | 0.5 | 0.5 | 0.2 |
| \$21,250 | \$29,250 | 0.5 | 0.5 | 0.1 |
| \$29,250 | \$31,875 | 0.5 | 0.2 | 0.1 |
| \$31,875 | \$32,500 | 0.5 | 0.1 | 0.1 |
| \$32,500 | \$39,000 | 0.5 | 0.1 | 0.0 |
| \$39,000 | \$42,500 | 0.2 | 0.1 | 0.0 |
| \$42,500 | \$48,750 | 0.1 | 0.1 | 0.0 |
| \$48,750 | \$65,000 | 0.1 | 0.0 | 0.0 |
| \$65,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

| | |
|-----------|--------|
| 9 | x 0 .1 |
| 10 | 117. |
| 11 | 3,028. |
| 12 | 117. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form **8880** (2020)

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2020**Attachment
Sequence No. **55**

Name(s) shown on return

Candy & Scott Williams

Your taxpayer identification number

-9938

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|--|------------------------------------|---|
| i | Viking Investment | -9938 | -24,478. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | |
|----|---|----|-------------|--------|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | -24,478. | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | (25,997.) | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 0. | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | 5 | | 0. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | 9 | | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | 10 | | 0. |
| 11 | Taxable income before qualified business income deduction | 11 | 28,501. | |
| 12 | Net capital gain (see instructions) | 12 | 0. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 28,501. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | | 5,700. |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ► | 15 | | 0. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | 16 | (50,475.) | |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | 17 | (0.) | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form **8995** (2020)

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Candy & Scott Williams

| | Five Year Tax History: | | | | |
|---|------------------------|------|------|---------|---------|
| | 2016 | 2017 | 2018 | 2019 | 2020 |
| Filing status | | | | MFS | MFJ |
| Total income | | | | 35,103. | 53,551. |
| Adjustments to income | | | | | 250. |
| Adjusted gross income | | | | 35,103. | 53,301. |
| Tax expense | | | | 3,448. | 4,013. |
| Interest expense . . . | | | | 109. | 7,258. |
| Contributions | | | | 480. | 484. |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | 12,200. | 24,800. |
| Exemption amount . . | | | | 0. | 0. |
| QBI deduction | | | | 0. | 0. |
| Taxable income | | | | 22,903. | 28,501. |
| Tax | | | | 2,557. | 3,028. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | 117. |
| Other taxes | | | | | |
| Payments | | | | 2,426. | 3,743. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | 131. | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 832. |
| Effective tax rate % . . | | | | 7.28 | 5.46 |
| **Tax bracket % | | | | 12.0 | 12.0 |

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ² | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ² | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ . | Usually within 21 days ² | \$40.00 ³ |

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card. Bank is not affiliated with the issuer of the debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2020

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►
QuickZoom to Schedule 2 — Additional Taxes ►
QuickZoom to Schedule 3 — Additional Credits and Payments ►

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2020, or other tax year
beginning _____, 2020, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
Candy _____ Williams _____ -9938
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.
Scott _____ Williams _____ -0922
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
11423 Spotted Fawn Ln _____
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Bigfork _____ MT 59911-7335
Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
Checking a box will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest
in any virtual currency?. ☐ Yes ☒ No

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but
not your dependent, enter the child's name here. ►
☐ Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ☐

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for: under age 17 qualifying for child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|--|-----------------------------------|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

QuickZoom to the Federal Information Worksheet

QuickZoom to the Dependent and Nondependent Information Worksheet

Standard Deduction
☐
☐

Someone can claim you as a dependent

Someone can claim your spouse as a dependent

a Check if:

☐
☐

You were born before January 2, 1956,

Spouse was born before January 2, 1956,

☐
☐

Blind.

Blind.

Total boxes checked

▶ a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here

▶ b

Form 1040 or Form 1040-SR, Lines 1 - 7

| | | | |
|-----|--|----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 78,029. |
| 2 a | Tax-exempt interest | 2a | |
| b | Taxable interest | 2b | |
| 3 a | Qualified dividends | 3a | |
| b | Ordinary dividends | 3b | |
| 4 a | IRA distributions | 4a | |
| b | Taxable amount | 4b | |
| 5 a | Pensions and annuities | 5a | |
| b | Taxable amount | 5b | |
| 6 a | Social security benefits | 6a | |
| b | Taxable amount | 6b | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here. | 7 | |

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶

Form 1040 or Form 1040-SR, Lines 8 - 11

| | | | |
|----|---|------|----------|
| 8 | Other income from Schedule 1, line 9 | 8 | -24,478. |
| 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 53,551. |
| 10 | Adjustments to income: | | |
| a | From Schedule 1, line 22 | 10 a | |
| | Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction | | |
| | 250. | | |
| b | Charitable contributions if you take the standard deduction. | 10 b | 250. |
| c | Add lines 10a and 10b. These are your total adjustments to income | 10 c | 250. |
| 11 | Subtract line 10c from line 9. This is your adjusted gross income | 11 | 53,301. |
| | AGI including excludable Puerto Rico Income | | 53,301. |

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

| | | |
|----|--|--|
| 12 | Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,400 Married filing jointly or Qualifying widow(er): \$24,800 Head of household: \$18,650 | |
|----|--|--|

QuickZoom to the Standard Deduction Worksheet

| | | |
|--|-----------|---------|
| Itemized deductions (from Schedule A) or your standard deduction , see above | 12 | 24,800. |
| Subtract itemized or standard deduction from adjusted gross income amount | | 28,501. |

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Form 1040 or Form 1040-SR, Lines 13 - 18

| | | |
|--|-----------|---------|
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | 0. |
| 14 Add lines 12 and 13 | 14 | 24,800. |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 28,501. |

| | | |
|--|-----------|--------|
| 16 Tax. Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____ | | 3,028. |
| 17 Amount from Schedule 2, line 3. | 17 | |
| 18 Add lines 16 and 17 | 18 | 3,028. |
| QuickZoom to Schedule 2 - Additional Tax section ▶ | | |

Form 1040 or Form 1040-SR, Line 19 - 24

| | | |
|---|-----------|--------|
| 19 Child tax credit/credit for other dependents | 19 | |
| 20 Amount from Schedule 3, line 7. | 20 | 117. |
| 21 Add lines 19 and 20 | 21 | 117. |
| 22 Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,911. |
| 23 Other taxes, including self-employment tax, from Schedule 2, line 10. | 23 | 0. |
| 24 Add lines 22 and 23. This is your total tax ▶ | 24 | 2,911. |
| QuickZoom to Schedule 3 — Additional Credits and Payments ▶ | | |

Form 1040 or Form 1040-SR, Lines 25 - 33

| | | |
|---|-----------|--------|
| 25 Federal income tax withheld from: a Form(s) W-2 25 a 1,943. b Form(s) 1099 25 b _____ c Other forms 25 c _____ d Add lines 25a through 25c. 25 d 1,943. | | |
| 26 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 Other payments and refundable credits: Earned income credit (EIC) No Nontaxable combat pay election | | |
| 28 Additional child tax credit. Attach Schedule 8812 | | |
| 29 American opportunity credit from Form 8863, line 8. | | |
| 30 Recovery rebate credit. 1,800. | | |
| 31 Amount from Schedule 3, line 13 | | |
| 32 Add lines 27 through 31. These are your other payments and refundable credits ▶ | 32 | 1,800. |
| 33 Add Lines 25d, 26, and 32. These are your total payments ▶ | 33 | 3,743. |

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

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Form 1040 or Form 1040-SR, Lines 34 - 36

Refund:

34 If total Payments is more than total tax, subtract **total tax** from **payments**

This is the amount you **overpaid** **34** 832.

35 a Amount of overpayment you want **refunded to you**.

If Form 8888 is attached, check here. ▶ ☐ **35** 832.

Direct deposit?

▶ **b** Routing number 324377516

▶ **c** Type:

☒ Checking

☐ Savings

▶ **d** Account number 6141

36 Amount of overpayment on line 34 you want applied to your **2021 estimated tax** ▶ **36** _____

Form 1040 or Form 1040SR, Lines 37 and 38

Amount You Owe:

37 Subtract total payments from total tax ▶ **37**

Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty ▶ **38** _____

QuickZoom to Late Penalties and Interest Worksheet ▶ **QuickZoom.** ▶ _____

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes. **1** 0.

Alimony Received Smart Worksheet

A Taxpayer _____ Spouse _____ Date of divorce/sep _____ *

B _____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a Alimony received. . . . Taxpayer _____ Spouse _____ **2 a** _____

b Date of original divorce or separation agreement ▶ _____

3 Business income or (loss). Attach Schedule C **3** -24,478.

4 Other gains or (losses). Attach Form 4797 **4** _____

5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **5** _____

6 Farm income or (loss). Attach Schedule F. **6** _____

7 Unemployment compensation **7** _____

8 Other income. List type and amount: _____ **8** _____

▶ _____ **8** _____

_____ **8** _____

9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8. **9** -24,478.

Total Income. Combine Form 1040 lines 1-9 and _____

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Part II Adjustments to Income

| | | | |
|----|---|----|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings. | 17 | |

Alimony Paid Smart Worksheet

| | Recipient's name | Recipient's SSN | Date of divorce/sep | * | Alimony paid |
|---|------------------|-----------------|---------------------|--------------------------|--------------|
| A | | | | <input type="checkbox"/> | |
| B | | | | <input type="checkbox"/> | |

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

| | | | |
|------|---|------|--|
| 18 a | Alimony paid | 18 a | |
| b | Recipient's SSN ▶ | | |
| c | Date of original divorce or separation agreement ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10a | 22 | |

Schedule 2 — Additional Taxes**Part I Tax**

| | | | |
|---|---|---|--|
| 1 | Alternative minimum tax (see instructions). Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 17 | 3 | |

Part II Other Taxes

| | | | |
|-----|--|-----|--|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7 a | Household employment taxes from Schedule H | 7 a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 7 b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 8 | |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |

10 Add lines 4 through 8. These are your **total other taxes**
Enter here and on Form 1040 or 1040-SR, line 23 ▶ 10 0.
Total tax (add line 10 and Schedule 3, line 7b) 2,911.

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Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

| | | | |
|---|--|---|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 117. |
| 5 | Residential Energy Credit. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: | 6 | |
| a | 3800 | | |
| b | 8801 | | |
| c | | | |
| 7 | Add lines 1 through 6. | 7 | 117. |
| a | Enter here and on Form 1040 or 1040-SR, line 20 | | |
| b | Add line 7 plus child tax/other dep. credit on line 19 above | | 117. |
| | Subtract total credits on line 7a from tax on line 18 above. | | 2,911. |

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom.

Part II Other Payments and Refundable Credits

| | | | |
|----|--|------|--------|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12 a | |
| b | Qualified sick and family leave credits from | 12 b | |
| | Schedule(s) H and Form(s) 7202. | 12 c | |
| c | Health coverage tax credit from Form 8885 | 12 d | |
| d | Other | 12 e | |
| e | Deferral for certain Schedule H or SE filers | | |
| f | Add lines 12a through 12e | 12 f | |
| 13 | Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d), | 13 | 3,743. |
| | Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30 | | |
| | Other Payments and Refundable Credits (Form 1040, line 32) | | 1,800. |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's Name ▶ _____

Phone Number ▶ _____ Personal Identification Number (PIN) ▶ _____

Signature and Paid Preparer

Sign Here

Joint return? See instructions.
Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------|---------------------|---|
| Your Signature | Date | Your Occupation | If the IRS sent you an Identity Protection PIN, enter it here |
| Spouse's Signature. If joint, both must sign. | Date | Manager | |
| | | Spouse's Occupation | |
| Daytime Phone No. | | Retired | |
| (801) 694-5409 | | Email Address | |

Paid Preparer's Use Only

| | | |
|--|-----------------|--|
| Print/Type Preparer's name | Preparer's PTIN | Check if: |
| Preparer's Signature | Date | <input type="checkbox"/> Self-employed |
| Firm's Address (or yours if self-employed) | Firm's EIN. | Phone No. |
| Self-Prepared | State | ZIP Code |

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

| | |
|---|------------------------------|
| Name(s) Shown on Return Candy & Scott Williams | Your SSN [REDACTED] -9938 |
|---|------------------------------|

Line 4b - Adjustment for trade or business income or loss

| (a) Activity name | (b) Gain or loss |
|---|------------------|
| | |
| | |
| | |
| | |
| Enter additional adjustments not included above: | |
| | |
| | |
| Adjustment for trade or business income not subject to net investment tax | |

Line 5b - Adjustment for gain or loss on dispositions

| (a) Activity name | (b) Gain or loss |
|--|--------------------------|
| | |
| | |
| | |
| | |
| Capital loss carryover adjustment from 2019 for net investment tax purposes | |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Net gain or loss from disposition of property not subject to net investment tax | |

Capital gain/loss not included in net investment income

| (a) Activity name | (b) Capital Gain or Loss |
|---|--------------------------|
| | |
| | |
| | |
| | |
| Capital gain or loss from sale of property not subject to net investment income tax | |

Calculation of line 5b adjustment due to capital loss carryforward

| | | | |
|---|--|---|-----|
| 1 | Net capital loss not included in net investment income | 1 | 0 . |
| 2 | Capital loss carryover to next year | 2 | |
| 3 | Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . . | 3 | 0 . |

Line 7 - Other modifications to investment income

| | | | |
|---|--|---|--|
| 1 | Casualty and theft losses reported on Schedule A, line 15. | 1 | |
| 2 | Amounts reported on Form 8814, line 12 | 2 | |
| 3 | Adjustment for distributions from estates and trusts | 3 | |
| 4 | Schedules C and F income/loss included in net investment income. | 4 | |
| 5 | Substitute interest and dividend payments | 5 | |
| 6 | Recovery of a prior year deduction | 6 | |
| 7 | | 7 | |
| 8 | Total other modifications to investment income | 8 | |

Line 9b - State, local, and foreign income taxes allocable to net investment income

| | | | |
|----|---|----|--|
| 1 | State and local income taxes | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | State and local income taxes allocable to investment income | 5 | |
| 6 | State and local taxes (Schedule A, line 5e) | 6 | |
| 7 | Lesser of line 5 or line 6. | 7 | |
| 8 | Foreign income taxes | 8 | |
| 9 | Foreign income taxes allocable to investment income. Line 8 times line 4. | 9 | |
| 10 | Add lines 7 and 9. State, local and foreign income taxes allocable to investment income | 10 | |

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

| | | | |
|---|---|---|--|
| 1 | Reserved | 1 | |
| 2 | Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income | 2 | |
| 3 | Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div> | 3 | |
| 4 | Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. | 4 | |
| 5 | Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12 | 5 | |
| 6 | Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: | 6 | |
| 7 | Subtract line 6 from line 5. | 7 | |
| 8 | Enter the lesser of line 7 or line 4 | 8 | |

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

| (A) | (B) | (C) |
|--|------------------------|---------------------|
| Reenter the amounts and descriptions from Part III, lines 1-3 | Fraction (see Help) | Column A times B |
| Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c: | | |
| 1 Reserved. | | |
| 2 State, local, and foreign income taxes. | x | = |
| Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10: | | |
| 3 _____ | x | = |
| _____ | x | = |
| _____ | x | = |
| _____ | x | = |
| Penalty on early withdrawal of savings | | |
| Other modifications: | | |
| _____ | | |
| Total additional modifications to Form 8960, line 10 | | |

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

| (a) Activity name | (b) Suspended 12/31/2019 | (c) Suspended 12/31/2020 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2019 | (c) Suspended 12/31/2020 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2019 | (c) Suspended 12/31/2020 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Charitable Organization Worksheet

2020

► Keep for your records

| | |
|---|---|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED]-9938 |
|---|---|

Charity Name . . . Deseret Industries
 Address
 City State ZIP code

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

| Ref. No. | Date | Donation Description | Donation Type | Donation Amount |
|-------------------|------------|----------------------|-----------------------|-----------------|
| 1 | 06/01/2020 | Summary | Items - ItsDeductible | 484.00 |
| | | | | |
| | | | | |
| | | | | |
| Total: | | | | 484.00 |
| Prior Year Total: | | | | 480.00 |

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|--|------------|------|------------|------|-------------|
| 1 | 06/01/2020 | 1 | Men's Jogging Suit | 16.00 | 1 | 11.00 | 0 | 16.00 |
| 1 | 06/01/2020 | 1 | Men's Pants: Cargo | 13.00 | 2 | 9.00 | 0 | 26.00 |
| 1 | 06/01/2020 | 1 | Men's Pants: Chinos/Khakis | 11.00 | 2 | 8.00 | 0 | 22.00 |
| 1 | 06/01/2020 | 1 | Men's Pants: Corduroy | 12.00 | 1 | 8.00 | 0 | 12.00 |
| | | | See Detail of Item Donations - Continued | | | | | 408.00 |

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Candy & Scott Williams

-9938

Other Item Donations Worksheet**Note:** Double-click to enter additional information if needed.

| Ref. No. | Donated Date Acquired Date | Donation Description Donation Type How Acquired | Donation Cost How Valued Donation Value | Donation Allowed |
|----------|-------------------------------|---|---|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Detail of Money Donations Worksheet

| Ref. No. | Donat. Date | Each Don. Amt | Don. Per Yr | Once or Recurring | | | | 2020 Amount |
|----------|-------------|---------------|----------------|--------------------------|------|--------------------------|-------|-------------|
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |
| | | | | <input type="checkbox"/> | Once | <input type="checkbox"/> | Recur | |

Detail of Mileage and Transportation Costs Worksheet

| Ref. No. | Donation Date | Description of Trip | | | | Total Donation Value |
|----------------|----------------------------|---------------------|--|----------------|--|----------------------|
| Miles Per Trip | Trips Per Yr | Once or Recurring | | Miles Driven | | |
| Other Costs | Description of Other Costs | | | Value of Miles | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | | | | |
| | | | <input type="checkbox"/> Once <input type="checkbox"/> Recur | | | |
| | | | | | | |

Candy & Scott Williams

-9938

| Detail of Stock Donations Worksheet | | | | | | |
|-------------------------------------|------------------|------------------------|------------------------|---------------|---------------------|----------------|
| Ref. No. | Date of Donation | Stock Symbol, # shares | Value on Donation Date | Date Acquired | Stock Original Cost | Donation Value |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity ☐ (c) 50% Charity, 100% donation

- Not a required statement - Use for import purposes
► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Your Social Security No.
[REDACTED] -9938

Ownership

Owned by (check one):

☐ Taxpayer ☐ Spouse ☒ Joint

Statement Information

| | | |
|--|--------------------------------|---|
| RECIPIENT'S/LENDER'S Name | | 1 Mortgage interest received from payer(s) |
| Street address | | 2 Outstanding mortgage principal |
| City | State ZIP code | 3 Mortgage origination date |
| Telephone number | | 4 Refund of overpaid interest |
| RECIPIENT'S federal identification number | PAYER'S social security number | 5 Mortgage insurance premiums |
| PAYER'S/BORROWER'S name | | 6 Points paid on purchase of principal residence |
| Street address | | 8 Address of the property securing this mortgage (if different than your mailing address shown) |
| City | | State ZIP code |
| 7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8) | | Street address |
| 9 If the property securing the mortgage has no address, provide a description of the property below | | City |
| Account number | | State ZIP code |
| | | 10 Property tax |
| | | 11 Mortgage Acquisition Date |

Mortgage Use

- 1 Mortgage was used to finance (check one):
- | | | |
|---|--|---|
| a <input type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2 If mortgage used to finance main home or second home, **double-click** to link to home mortgage interest worksheet. ►
- 3 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity ↩
- | | |
|---|-------|
| a Schedule C, Business | _____ |
| b Schedule F, Farm | _____ |
| c Schedule E, Rental or Royalty | _____ |
| d Form 4835, Farm Rental | _____ |

Rental of Owner-Occupied or Vacation Home

- 1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? ☐ Yes ☐ No ☒ NA
- 2 If yes, complete lines 2a and 2b:
- | | |
|---|-------|
| a Mortgage interest qualifying for main or second home treatment | _____ |
| b Mortgage interest not qualifying for main or second home treatment | _____ |

Mortgage Insurance Premiums Information

- 1 Did the home loan close after December 31, 2006? ☐ Yes ☐ No

Federal Information Worksheet

► Keep for your records

2020

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Candy
 Middle initial Suffix
 Last name Williams
 Social security no. -9938
 Occupation Manager
 Date of birth 7/19/73 (mm/dd/yyyy)
 Age as of 1-1-2021 47
 Daytime phone (801) 694-5409 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name Scott
 Middle initial Suffix
 Last name Williams
 Social security no. -0922
 Occupation Retired
 Date of birth 1/9/57 (mm/dd/yyyy)
 Age as of 1-1-2021 63
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 11423 Spotted Fawn Ln Apt no.
 City Bigfork State MT ZIP code 59911-7335

Foreign Address: Check this box to use foreign address . . ☐

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2018 ☐ 2019 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

| First name Last name | MI Suff | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | | E I C | Lived with taxpyr in U.S. | Not qual credit other dep Educ Tuitn and Fees | * D e p |
|-------------------------|------------|---|-------------------------------|------------------|---------------------------------------|---|--|-------------|---------------------------------------|---|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2020 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2020? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2020 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2020 or
if you are ineligible to claim the EIC in 2020 for any other reason ☐

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

Name of Financial Institution (optional) America First
 Check the appropriate box. ☒ Checking ☐ Savings
 Routing number. 324377516 Account number 6141

Enter the payment date to withdraw from the account above ▶ _____
Balance-due amount from this return ▶ _____

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above

Balance-due amount from this **amended** return

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Is the taxpayer a full-time student? ☐ Yes ☒ No

Is the spouse a full-time student? ☐ Yes ☒ No

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country ☐ USA

Personal Identification number (enter any 5 numbers) . . . ▶

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2020 ▶ MT

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☐

Taxpayer is a resident of the state above for only part of year ▶ ☒

Date the taxpayer established residence in state above ▶ 06/01/2020

In which state (or foreign country) did the taxpayer reside before this change? ▶ UT

Spouse:

Enter the spouse's state of residence as of December 31, 2020 ▶ MT

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

| Nonresident State(s) | Taxpayer/Spouse/Joint |
|----------------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return _____

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____ 5203

Issued by what state

License or ID license . ▶ ☒ ^{UT} ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

Spouse

Drivers license or state ID number _____ 4127

Issued by what state

License or ID license . ▶ ☒ ^{MT} ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Candy Middle initial . . . Last name . . . Williams
Suffix

Social security no. -9938 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth /1973 (mm/dd/yyyy) age as of 1-1-2021 47

Occupation Manager Daytime phone (801) 694-5409 Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☒ No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you ►

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2020? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2020? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 MT

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☒

Date this person established residence in state above ► 06/01/2020

In which state (or foreign country) did this person reside before this change? ► UT

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020

Unreimbursed medical expenses paid for qualifying person in 2020

Employment taxes paid for dependent care providers in 2020

Full-time student for 5 calendar months during 2020? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

**Personal Information Worksheet
For the Spouse**

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . Scott Middle initial . . . Last name . . . Williams
Suffix

Social security no. . . . -0922 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth /1957 (mm/dd/yyyy) age as of 1-1-2021 63

Occupation Retired Daytime phone Ext

Marital status . . .

If widowed, check the appropriate box for the year your spouse died:

After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☒ No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you ►

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2020? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2020? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2020 MT

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020

Unreimbursed medical expenses paid for qualifying person in 2020

Employment taxes paid for dependent care providers in 2020

Full-time student for 5 calendar months during 2020? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

► Keep for your records

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

[REDACTED] -9938

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 78,029. | | 78,029. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 1,943. | | 1,943. |
| 3 & 7 | Total social security wages/tips | 79,196. | | 79,196. |
| 4 | Total social security tax withheld | 4,910. | | 4,910. |
| 5 | Total Medicare wages and tips | 79,196. | | 79,196. |
| 6 | Total Medicare tax withheld | 1,148. | | 1,148. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | 13,873. | | 13,873. |
| b | Elective deferrals to qualified plans | 1,167. | | 1,167. |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | 12,706. | | 12,706. |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| k | Total sick leave subject to \$511 limit | | | |
| l | Total sick leave subject to \$200 limit | | | |
| m | Total emergency family leave wages | | | |
| 16 | Total state wages and tips | 78,029. | | 78,029. |
| 17 | Total state tax withheld | 1,656. | | 1,656. |
| 19 | Total local tax withheld. | | | |

Name
Candy WilliamsSocial Security Number
[REDACTED]-9938**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]-9938
b Employer ID number (EIN). 86-0860478
c Employer's name, address, and ZIP code
Primary Residential Mortgage Inc
 Street 1480 N 2200 W
 City Salt Lake City
 State UT ZIP Code 84116
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
78,028.68
3 Social security wages
79,196.04
5 Medicare wages and tips
79,196.04
7 Social security tips

2 Federal income tax withheld
1,943.05
4 Social security tax withheld
4,910.15
6 Medicare tax withheld
1,148.34
8 Allocated tips

► Enter unreported tips in Part VII on Page 2 below.

d Control number**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Candy M.I. _____
 Last Williams Suff. _____
f Employee's address and ZIP code
 Street 11423 Spotted Fawn Ln
 City Bigfork
 State MT ZIP Code 59911-7335
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 [REDACTED]
11 Nonqualified plans

12 Enter box 12 below

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans (Important, see Help)

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

| Box 12 Code | Box 12 Amount | If Box 12 code is: | |
|----------------|------------------|--------------------|---|
| D | 1,167.36 | A: | Enter amount attributable to RRTA Tier 2 tax |
| DD | 12,706.32 | M: | Enter amount attributable to RRTA Tier 2 tax |
| | | P: | Double-click to link to Form 3903, line 4 |
| | | R: | Enter MSA contribution for Taxpayer |
| | | | Spouse |
| | | W: | Enter HSA contribution for Taxpayer |
| | | | Spouse |
| | | G: | <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Box 15 Employer's state I.D. number | Box 16 State wages, tips, etc. | Box 17 State income tax |
|-----------------|--|-----------------------------------|----------------------------|
| MT | 4048990002WTH | 48,846.64 | 1,230.00 |
| UT | 12288282003WTH | 29,182.04 | 426.03 |
| | | | |
| | | | |

I confirm that the state withholding identification number(s) are accurate ☐

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|-------------------------|-----------------------------------|----------------------------|------------------|
| | | | |
| | | | |
| | | | |

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".) |
|--|--------|--|
| | | |
| | | |
| | | |
| | | |

Distributions from an HSA, Archer MSA, or
Medicare Advantage MSA

2020

► Keep for your records

| | |
|------------------------|--|
| Name Candy Williams | Social Security Number [REDACTED] -9938 |
|------------------------|--|

Check if for spouse ☐ See below for additional distribution information

Corrected amount ☐
Void ☐

Payer's name, street address, city, state, and Zip code

Payer's TIN

Recipient's TIN

[REDACTED] -9938

1 Gross distribution

\$ _____

2 Earnings on excess
contributions

\$ _____

Check to transfer Recipient's information
from Federal Information Worksheet ☐

Recipient's Name

Street address (including apt. no.)

City State ZIP Code

Account number (optional)

3 Distribution code

☐

4 FMV on date of death

\$ _____

5 HSA ☒Archer MSA. . . ☐MA MSA ☐

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution ☐

Medical Expenses See Help for important information

B Check this box if the **entire** amount in box 1 was used to pay **qualified** medical expenses
and can be treated as **tax free** ☐

C If **less** than the amount in box 1 was used to pay medical expenses, enter the amount
that was used to pay **qualified** medical expenses **and** can be treated **tax free** _____

Rollover

D Enter the amount in box 1 that was rolled over _____

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) ☐

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? ☐ Yes ☐ No

QuickZoom to Form 8853, p1 ► _____

QuickZoom to Form 8889T ► _____

QuickZoom to Form 8889S ► _____

Wages, Salaries, & Tips Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

| | Taxpayer | Spouse | Total |
|---|--------------------------|--------------------------|---------|
| 1 Wages, from Form W-2 | 78,029. | | 78,029. |
| 2 Miscellaneous income, from Form 8919 | | | |
| 3 Items from Form 1099-R: | | | |
| a Disability before minimum retirement age | | | |
| b Return of contributions | | | |
| 4 Excess reimbursement, from Form 2106 | | | |
| 5 a Taxable tips, from Form 4137 | | | |
| b Noncash tips | | | |
| 6 Excess moving expense reimbursement, from Form 3903 | | | |
| 7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) | | | |
| 8 Items not on Form W-2 or Form 1099-R: | | | |
| a Sick pay or disability payments | | | |
| b Total foreign source income | | | |
| c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d Ordinary income from employer stock transactions not reported on Form W-2 | | | |
| 9 Other earned income: | | | |
| a Non-gov unemployment received/repaid 2020 | | | |
| b _____ | | | |
| _____ | | | |
| _____ | | | |
| 10 Subtotal. | | | |
| Add lines 1 through 9 | 78,029. | | 78,029. |
| 11 Taxable employer-provided dependent care benefits, from Form 2441 | | | |
| 12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 | | | |
| 13 Scholarship/fellowship income not on Form W-2 | | | |
| 14 Other non-earned income: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 15 Total of lines 10 through 14 | 78,029. | | 78,029. |

Qualified Business Income Component Worksheet

2020

► Keep for your records

| | |
|---|--|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED] -9938 |
|---|--|

| | |
|--|---|
| Aggregate trade or business name Aggregate trade or business ID number (EIN) Social Security Number of owner if no EIN available Reason for no EIN or SSN if none available | Viking Investment [REDACTED] [REDACTED] -9938 [REDACTED] |
|--|---|

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

| |
|--|
| Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4. |
| |
| |
| Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain. |
| |
| |

| Business name | Tax ID | QBI | W2 wages | UBIA |
|-------------------|--------|----------|----------|------|
| Viking Investment | | -24,478. | 0. | 0. |
| | | | | |
| | | | | |

| | | |
|----|---|----------|
| 1 | Qualified business income (QBI) | -24,478. |
| | If using Simplified Worksheet, stop here. | |
| 2 | Taxable Income | |
| 3 | Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 | |
| 4 | Subtract line 3 from line 2. If less than 0, enter 0. | |
| 5 | Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. | |
| 6 | Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. | |
| 7 | Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 | |
| 8 | Wages allocable to qualified business income. | |
| 9 | Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income | |
| | Reductions for Specified Service Trades or Businesses | |
| | Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/> | |
| 11 | SSTB reduction to QBI | |
| 12 | SSTB reduction to allocable wages. | |
| 13 | SSTB reduction to allocable UBIA | |
| | QBI, wages, and UBIA after applicable SSTB reductions | |
| 14 | Qualified business income | |
| 15 | Allocable wages | |
| 16 | Allocable UBIA | |
| | Tentative QBI component | |
| 17 | Adjustments for QBI losses | |
| 18 | Loss-adjusted QBI (line 14 plus line 17) | |
| 19 | Tentative QBI component before limitations (20% of line 18) | |
| | Wages and assets limits | |
| 20 | 50% of W2 wages | |
| 21 | 25% of W2 wages | |
| 22 | 2.5% of UBIA | |
| 23 | Sum of 25% of W2 wages and 2.5% of UBIA | |
| 24 | Wage and Asset Limit. Larger of line 20 or line 23 | |
| 25 | Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) | |
| 26 | Reduction Amount. Multiply line 6 by line 25. | |
| 27 | Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) | |
| 28 | Qualified payments from agricultural or horticultural coop | |
| 29 | Wages allocable to qualified payments from coop | |
| 30 | Patron reduction (lesser of 9% of line 28 or 50% of line 29) | |
| | Qualified business income component amount | |
| 31 | Subtract line 30 from line 27 | |

Qualified Business Income Deduction Summary

2020

► Keep for your records

| | |
|---|---|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED]-9938 |
|---|---|

QuickZoom to QBI Component Worksheet ► _____
QuickZoom to Form 8995. ► _____
QuickZoom to Form 8995-A ► _____

1 Trade or business name Net QBI
 Viking Investment -24,478.

2 Net qualified business income (QBI) from qualified trades or businesses -24,478.
3 Loss from previous year -25,997.
4 Sum of activities with gains (only positive amounts from table on line 1)
5 Sum of activities with losses (only negative amounts from table on line 1) -50,475.

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 0.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 . . . -50,475.

9 Total REIT dividends
10 PTP Income from non-SSTBs
11 PTP Income from SSTBs
12 Allowed PTP Income from SSTBs
13 Total Allowed PTP income (sum of line 10 and line 12)
14 Carryover REIT/PTP losses from prior year
15 Total REIT/PTP income
16 20% of total REIT/PTP income
17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 0.

19 Taxable income before qualified business income deduction. 28,501.
20 Net capital gains 0.
21 Taxable income minus net capital gains. If zero or less, enter -0- 28,501.
22 20% of taxable income minus net capital gains 5,700.

23 QBI deduction before DPAD. 0.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities

25 **Total 199A (QBI) deduction** (sum of lines 23 and 24) 0.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
-9938

| | | Regular Tax | Alternative Minimum Tax | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|----------------------------|------------|----------|----------------------------|--|----------|------------------------|--|----------|------------------------------|--|----------|--------------------------|--|----------|--------------------------|--|----------|----------------|--|--|------------------------|--|-----------|--|
| If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Subtract line 2 from line 1 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Add lines 3 through 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Enter the smaller of line 6 or the gain from Form 4797, line 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Enter the amount, if any, from Form 4797, line 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0- | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table> | | Regular | AMT | a | On Form 1099-DIV | | b | On Form 2439 | | c | On Schedule(s) K-1 | | d | On Form 1099-R | | e | From Form 8814 | | f | Other. | | | Total | | 11 | |
| | Regular | AMT | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | On Form 1099-DIV | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | On Form 2439 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | On Schedule(s) K-1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | On Form 1099-R | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e | From Form 8814 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f | Other. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale | 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Add lines 9 through 12. | 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0- | 14 | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- | 15 | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D | 16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Enter your capital gain excess, if you are filing Form 2555 | a | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- | 17 | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. | 18 | | | | | | | | | | | | | | | | | | | | | | | | | |

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2020

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

| | | | | Regular Tax | Alternative Minimum Tax |
|----------|---|----------|----|----------------|----------------------------|
| 1 | Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | 1 | | | |
| 2 | Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div> | | | | |
| a | Schedule D . . . | | | | |
| b | Form 8814 . . . | | | | |
| c | Schedule B . . . | | | | |
| d | Form 6252 . . . | | | | |
| e | Form 2439 . . . | | | | |
| f | Other | | | | |
| | Total | 2 | | | |
| 3 | Enter the total of all collectibles gain or (loss) from: | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div> | | | | |
| a | Form 4684, line 4 (but only if line 15 is more than zero) | | | | |
| b | Form 6252 | | | | |
| c | Form 6781, Part II | | | | |
| d | Form 8824 | | | | |
| | Total | 3 | | | |
| 4 | Enter the total of any collectibles gain reported to you on: | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div> | | | | |
| a | Form 1099-DIV, box 2d . . . | | | | |
| b | Form 2439, box 1d | | | | |
| c | Schedule K-1 from a partnership, S corporation, estate, or trust | | | | |
| d | Disposition of interest in partnership or S corporation | | | | |
| e | Other | | | | |
| | Total | 4 | | | |
| 5 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 5 | | | |
| 6 | If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- | 6 | | | |
| 7 | Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | 7 | | | |
| 8 | Enter the amount of any capital gain excess | 8 | | | 0. |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a | 9 | 0. | | 0. |

Name(s) Shown on Return
Candy & Scott WilliamsSocial Security Number
-9938

| | | | |
|---|---|------|---------|
| 1 a | Enter your taxable income from Form 1040, line 15 | 1 a | 28,501. |
| b | Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . . | b | |
| c | Add lines 1a and 1b | 1 c | 28,501. |
| 2 a | Enter your qualified dividends from Form 1040, line 3a | 2 a | |
| b | Enter any capital gain excess attributable to qualified dividends | b | |
| c | Subtract line 2b from line 2a | 2 c | |
| 3 | Amount from Form 4952, line 4g | 3 | |
| 4 a | Amount from Form 4952, line 4e | 4 a | |
| b | Amount from the dotted line next to Form 4952, line 4e | b | |
| c | Line 4b, if applicable, 4a, if not | c | |
| 5 | Subtract line 4c from line 3 | 5 | 0. |
| 6 | Subtract line 5 from line 2c. If zero or less, enter -0- | 6 | 0. |
| 7 a | Enter line 15 of Schedule D | 7 a | |
| b | Enter line 16 of Schedule D | b | |
| c | Enter the smaller of line 7a or line 7b | 7 c | 0. |
| 8 | Enter the smaller of line 3 or line 4c | 8 | |
| 9 a | Subtract line 8 from line 7 | 9 a | 0. |
| b | Enter any capital gain excess attributable to capital gains | b | |
| c | Subtract line 9b from line 9a | 9 c | 0. |
| 10 | Add lines 6 and 9c | 10 | 0. |
| 11 a | Enter the amount from Schedule D, line 18 | 11 a | 0. |
| b | Enter the amount from Schedule D, line 19 | b | |
| c | Add lines 11a and 11b | 11 c | 0. |
| 12 | Enter the smaller of line 9c or line 11c | 12 | 0. |
| 13 | Subtract line 12 from line 10 | 13 | 0. |
| 14 | Subtract line 13 from line 1c. If zero or less, enter -0- | 14 | 28,501. |
| 15 | Enter: • \$40,000 if single or married filing separately, • \$80,000 if married filing jointly or qualifying widow(er), or • \$53,600 if head of household. | 15 | 80,000. |
| 16 | Enter the smaller of line 1c or line 15 | 16 | 28,501. |
| 17 | Enter the smaller of line 14 or line 16 | 17 | 28,501. |
| 18 | Subtr ln 10 from ln 1c. If zero or less, enter -0- | 18 | 28,501. |
| 19 | Enter the smaller of line 1c or: • \$163,300 if single or married filing sep, • \$326,600 if MFJ or qual widow(er), or • \$163,300 if head of household. | 19 | 28,501. |
| 20 | Enter the smaller of line 14 or line 19 | 20 | 28,501. |
| 21 | Enter the larger of line 18 or line 20 | 21 | 28,501. |
| 22 | Subtract line 17 from line 16. This amount is taxed at 0% | 22 | 0. |
| If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23. | | | |
| 23 | Enter the smaller of line 1c or line 13 | 23 | |
| 24 | Enter the amount from line 22 (if line 22 is blank, enter -0-) | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter: • \$441,450 if single, • \$248,300 if married filing separately, • \$496,600 if married filing jointly or qualifying widow(er), or • \$469,050 if head of household. | 26 | |
| 27 | Enter the smaller of line 1c or line 26 | 27 | |
| 28 | Add lines 21 and 22 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | |
| 30 | Enter the smaller of line 25 or line 29 | 30 | |
| 31 | Multiply line 30 by 15% (0.15) | 31 | |
| 32 | Add lines 24 and 30 | 32 | |
| If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33 | | | |
| 33 | Subtract line 32 from line 23 | 33 | |
| 34 | Multiply line 33 by 20% (0.20) | 34 | |
| If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35. | | | |
| 35 | Enter the smaller of line 9c above or Schedule D, line 19 | 35 | |
| 36 | Add lines 10 and 21 | 36 | |
| 37 | Enter the amount from line 1c above | 37 | |

| | | | |
|--|--|-----------|---------------|
| 38 | Subtract line 37 from line 36. If zero or less, enter -0- | 38 | _____ |
| 39 | Subtract line 38 from line 35. If zero or less, enter -0- | 39 | _____ |
| 40 | Multiply line 39 by 25% (0.25) | 40 | _____ |
| If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41. | | | |
| 41 | Add lines 21, 22, 30, 33, and 39 | 41 | _____ |
| 42 | Subtract line 41 from line 1c | 42 | _____ |
| 43 | Multiply line 42 by 28% (0.28) | 43 | _____ |
| 44 | Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet | 44 | <u>3,028.</u> |
| 45 | Add lines 31, 34, 40, 43, and 44 | 45 | <u>3,028.</u> |
| 46 | Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet | 46 | <u>3,028.</u> |
| 47 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16 | 47 | <u>3,028.</u> |

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 16 ► Keep for your records

2020

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

■■■■■-9938

| | | | |
|--------------------------|--|-----------|-----------------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15. | 1 | _____ |
| 2 | Enter the amount from Form 1040 or 1040-SR, line 3a | 2 | _____ |
| 3 | Are you filing Schedule D? | | |
| <input type="checkbox"/> | Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | _____ |
| <input type="checkbox"/> | No. Enter the amount from Form 1040 or 1040-SR, line 7. | | |
| 4 | Add lines 2 and 3 | 4 | _____ |
| 5 | Subtract line 4 from line 1. If zero or less, enter -0- | 5 | _____ |
| 6 | Enter: | | |
| | \$40,000 if single or married filing separately, | } | 6 _____ |
| | \$80,000 if married filing jointly or qualifying widow(er), | | |
| | \$53,600 if head of household. | | |
| 7 | Enter the smaller of line 1 or line 6 | 7 | _____ |
| 8 | Enter the smaller of line 5 or line 7 | 8 | _____ |
| 9 | Subtract line 8 from line 7 (this amount taxed at 0%) | 9 | _____ |
| 10 | Enter the smaller of line 1 or line 4 | 10 | _____ |
| 11 | Enter the amount from line 9 | 11 | _____ |
| 12 | Subtract line 11 from line 10. | 12 | _____ |
| 13 | Enter: | | |
| | \$441,450 if single, | } | 13 _____ |
| | \$248,300 if married filing separately, | | |
| | \$496,600 if married filing jointly or qualifying widow(er), | | |
| | \$469,050 if head of household. | | |
| 14 | Enter the smaller of line 1 or line 13 | 14 | _____ |
| 15 | Add lines 5 and 9 | 15 | _____ |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | _____ |
| 17 | Enter the smaller of line 12 or line 16 | 17 | _____ |
| 18 | Multiply line 17 by 15% (0.15) | 18 | _____ |
| 19 | Add lines 9 and 17 | 19 | _____ |
| 20 | Subtract line 19 from line 10 | 20 | _____ |
| 21 | Multiply line 20 by 20% (0.20) | 21 | _____ |
| 22 | Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| 23 | Add lines 18, 21, and 22 | 23 | _____ |
| 24 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| 25 | Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. | | |
| | | 25 | _____ |

IRA Contributions Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

Traditional IRA Contributions

| Regular Traditional IRA Contributions | | Taxpayer | Spouse |
|---|---|-------------------------------------|--------------------------|
| 1 | Enter traditional IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan | | |
| 2 | Contributions recharacterized from a Roth IRA (from line 24) . . . | | |
| 3 | Traditional IRA contributions, from Schedule(s) K-1 | | |
| 4 | Contributions recharacterized (not converted) to a Roth IRA . . . | | |
| ► | If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return. | | |
| 5 | Traditional IRA contributions. Combine lines 1 through 4 | | |
| 6 | Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> | | |
| 7 | Excess traditional IRA contribution credit. | | |
| 8 | Repayments of qualified reservist distributions | | |
| 9 | Total traditional IRA contributions. | | |
| Additional Traditional IRA Contribution Information | | Taxpayer | Spouse |
| 10 | Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 | Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 (<i>See Help</i>). | | |
| Deductible and Non-deductible Traditional IRA Contributions | | Taxpayer | Spouse |
| 12 | Deductible traditional IRA contributions from worksheet. | | |
| 13 | Nondeductible traditional IRA contributions from worksheet. . . . | | |
| | QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ► | | |
| 14 | Amount on line 13 you elect to make nondeductible | | |
| 15 | Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions. | | |
| 16 | Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19. | | |
| 17 | Qualified reservist repayments | | |
| 18 | Nondeductible traditional IRA contributions, to Form 8606, ln 1. . . | | |

IRA Contributions Worksheet

2020

► Keep for your records

Candy & Scott Williams

-9938

Page 2

Roth IRA Contributions

| Regular Roth IRA Contributions | | Taxpayer | Spouse |
|--------------------------------|--|----------|--------|
| 19 | Enter regular Roth IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. | | |
| 20 | Contributions recharacterized from a traditional IRA, (from In 4). . | | |
| 21 | Roth IRA contributions, from Schedule(s) K-1. | | |
| 22 | Enter contributions recharacterized to a traditional IRA. | | |
| ► | If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return. | | |
| 23 | Disallowed Roth IRA conversions | | |
| 24 | Roth IRA contributions. Combine lines 20 through 23 | | |
| 25 | Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i> | | |
| 26 | Excess Roth IRA contribution credit | | |
| 27 | Total Roth IRA contributions | | |
| 28 | Repayments of qualified Roth reservist distributions | | |

| Roth IRA Contributions After Limitations | | Taxpayer | Spouse |
|--|--|----------|--------|
| 29 | Roth IRA contributions after limitation | | |
| 30 | Excess Roth IRA contributions, to Form(s) 5329, line 23 | | |
| Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions. | | | |

Coverdell Education Savings Account (Education IRA) Contributions

| Excess Coverdell Education Savings Account Contributions | | Taxpayer | Spouse |
|---|---|----------|--------|
| 31 | Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. | | |
| Note: You do not need to report any Coverdell ESA contributions which are not excess contributions.. | | | |

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2020

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

■■■■■-9938

| | | | |
|------|--|------|----|
| 1 | Prescription medications | 1 | |
| 2 | Health insurance premiums: | | |
| a | Premiums other than self-employed health insurance or reported on a 1095-A . . . | 2 a | |
| b | From Form(s) 1095-A - net of adjustments | b | |
| | Taxpayer's portion of 1095-A premiums (total less spouse) . . . | | |
| | Spouse's portion of 1095-A premiums, enter the amount | | |
| | for the spouse, the remaining goes to the taxpayer | | |
| c | Medicare premiums | c | |
| d | From Form(s) 1099-R | d | |
| | NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below. | | |
| e | Taxpayer's gross long-term care premiums | 2 e | |
| f | Taxpayer's allowable long-term care premiums | f | |
| g | Spouse's gross long-term care premiums | g | |
| h | Spouse's allowable long-term care premiums | h | |
| i | Dep or child under 27 gross long-term care premiums . . | i | |
| j | Dep or child under 27 allowable long-term care prem. . . | j | |
| k | Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j | k | |
| l | Taxpayer's long-term care premiums not deducted as an adjustment to income. . . | l | |
| m | Spouse's long-term care premiums not deducted as an adjustment to income. . . | m | |
| n | Dependent's long-term care premiums not deducted as an adj to income | n | |
| o | Other self-employed health insurance not deducted as an adj to income | o | |
| 3 | Fees for doctors, dentists, etc | 3 | |
| 4 | Fees for hospitals, clinics, etc. | 4 | |
| 5 | Lab and x-ray fees | 5 | |
| 6 | Expenses for qualified long-term care | 6 | |
| 7 | Eyeglasses and contact lenses | 7 | |
| 8 | Medical equipment and supplies | 8 | |
| 9 | Medical transportation expenses: | | |
| a | Medical miles driven | 9 a | |
| b | Multiply the number of miles on line 9a by 17 cents per mile | b | |
| c | Other medical transportation costs not included above for example: ambulance fees | c | |
| d | Total medical transportation expenses (add lines 9b and 9c) | 9 d | |
| 10 | Lodging for medical purposes (up to \$50 per night per person) | 10 | |
| 11 | Other medical and dental expenses: | | |
| a | | 11 a | |
| b | | b | |
| c | | c | |
| d | | d | |
| e | | e | |
| f | | f | |
| g | | g | |
| h | | h | |
| i | | i | |
| j | | j | |
| 12 | Total of medical and dental expenses (add lines 1 through 11j) | 12 | |
| 13 a | Less: insurance reimbursement for any expenses listed | 13 a | |
| b | Less: medical savings account (MSA) or health savings account (HSA) distributions | b | |
| 14 | Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) | 14 | 0. |

Tax Payments Worksheet

2020

► Keep for your records

| | |
|---|---|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED]-9938 |
|---|---|

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

| Federal | | State | | | Local | | |
|------------------------------|--------|----------|--------|----|----------|--------|----|
| Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 07/15/20 | | 07/15/20 | | | 07/15/20 | | |
| 2 07/15/20 | | 07/15/20 | | | 07/15/20 | | |
| 3 09/15/20 | | 09/15/20 | | | 09/15/20 | | |
| 4 01/15/21 | | 01/15/21 | | | 01/15/21 | | |
| 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | Federal | State | ID | Local | ID |
|---|--|---------|-------|----|-------|----|
| 6 | Overpayments applied to 2020 | | | | | |
| 7 | Credited by estates and trusts | | | | | |
| 8 | Totals Lines 1 through 7 | | | | | |
| 9 | 2020 extensions | | | | | |

| Taxes Withheld From: | | | | Federal | State | Local |
|----------------------|---|----|-----|---------|--------|-------|
| 10 | Forms W-2 | | | 1,943. | 1,656. | |
| 11 | Forms W-2G | | | | | |
| 12 | Forms 1099-R | | | | | |
| 13 | Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G . | | | | | |
| 14 | Schedules K-1 | | | | | |
| 15 | Forms 1099-INT, DIV and OID | | | | | |
| 16 | Social Security and Railroad Benefits | | | | | |
| 17 | Form 1099-B | St | Loc | | | |
| 18 a | Other withholding | St | Loc | | | |
| b | Other withholding | St | Loc | | | |
| c | Other withholding | St | Loc | | | |
| d | Positive Adjustment . . . | St | Loc | | | |
| e | Negative Adjustment . . | St | Loc | | | |
| f | Additional Medicare Tax. | | | | | |
| 19 | Total Withholding Lines 10 through 18f | | | 1,943. | 1,656. | |
| 20 | Total Tax Payments for 2020 | | | 1,943. | 1,656. | |

| Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help) | | | | State | ID | Local | ID |
|---|--|--|--|-------|----|-------|----|
| 21 | Tax paid with 2019 extensions | | | | | | |
| 22 | 2019 estimated tax paid after 12/31/2019 | | | | | | |
| 23 | Balance due paid with 2019 return | | | | | | |
| 24 | Other (amended returns, installment payments, etc) . . | | | | | | |

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|--|---------|
| (1) Income from Form 1040, line 7 | 53,301. |
| (2) Nontaxable income entered elsewhere on return | |
| (3) Available income: 2019 refundable credits in excess of tax | 0. |
| (4) Enter any additional nontaxable income | |
| (5) Total available income | 53,301. |

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

| (1) State | (2) Date Lived in State From | (3) Date Lived in State To | (4) Enter Total State & Local Rate (%) | (5) State Sales Tax Rate (%) | (6) Local Sales Tax Rate (%) (4) - (5) | (7) State Sales Tax Table Amount | (8) Local Sales Tax Amount | (9) Prorated or Total Amount |
|--------------|---------------------------------|-------------------------------|---|---------------------------------|---|-------------------------------------|-------------------------------|---------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

| (1) ST | (2) Total State & Local Rate | (3) Description | (4) Type | (5) Cost | (6) Rate if Different | (7) Actual Sales Tax Amount Paid | (8) Specific Item Deduction |
|-----------|---------------------------------|--------------------|-------------|-------------|--------------------------|-------------------------------------|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 1,656.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 1,656.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

State and Local Income Taxes

| | | |
|----------------------------|--|--------|
| State income taxes: | | |
| 1 | State income tax withheld | 1,656. |
| 2 | 2020 state estimated taxes paid in 2020 | |
| 3 | 2019 state estimated taxes paid in 2020 | |
| 4 | Amount paid with 2019 state application for extension | |
| 5 | Amount paid with 2019 state income tax return | |
| 6 | Overpayment on 2019 state income tax return applied to 2020 tax | |
| 7 | Other amounts paid in 2020 (amended returns, installment payments, etc.) | |
| 8 | State estimated tax from Schedule(s) K-1 (Form 1041) | |
| Local income taxes: | | |
| 9 | Local income tax withheld | |
| 10 | 2020 local estimated taxes paid in 2020 | |
| 11 | 2019 local estimated taxes paid in 2020 | |
| 12 | Amount paid with 2019 local application for extension | |
| 13 | Amount paid with 2019 local income tax return | |
| 14 | Overpayment on 2019 local income tax return applied to 2020 tax | |
| 15 | Other amounts paid in 2020 (amended returns, installment payments, etc.) | |
| 16 | Local estimated tax from Schedule(s) K-1 (Form 1041) | |
| Other: | | |
| 17 | | |
| 18 | Total Add lines 1 through 17 | 1,656. |
| 19 | State and local refund allocated to 2020 | |
| 20 | Nondeductible state income tax from line 28 | |
| 21 | Total reductions Add lines 19 and 20 | |
| 22 | Total state and local income tax deduction Line 18 less line 21 | 1,656. |

Nondeductible State Income Tax (Hawaii Only)

| | | |
|----|---|---|
| 23 | Nontaxable federal employee cost of living allowance | |
| 24 | Adjusted gross income | |
| 25 | Add lines 23 and 24 | |
| 26 | Nondeductible percent. Line 23 divided by line 25 | % |
| 27 | Hawaii state income tax included in line 18 | |
| 28 | Nondeductible Hawaii state income tax. Multiply line 26 by line 27. | |

| | |
|---|---|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED]-9938 |
|---|---|

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

| | | |
|-----|--|---|
| 1 | Recipient's/lender's name | United Wholesale Mortgage |
| 2 a | Was the mortgage interest reported to you on Form 1098? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| b | Mortgage interest paid on your main home or second home in 2020 | 7,258.02 |
| c | Check this box if Box 7 is checked on Form 1098 | <input type="checkbox"/> |
| d | Is this loan secured by a residence of yours? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3 | Outstanding mortgage principal | 200,000.00 |
| 4 | Mortgage origination date | 12/26/2019 |
| 5 a | Did your home loan close after December 31, 2006? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b | Mortgage insurance premiums | |
| 6 | Mortgage acquisition date | |
| 7 a | Points paid to buy or improve your main home in 2020 | |
| b | Check if points were reported to you on Form 1098 | <input type="checkbox"/> |
| c | Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098 | <input type="checkbox"/> |
| | Computed points reported on Form 1098 | <input type="checkbox"/> |
| | Computed points not reported on Form 1098 | <input type="checkbox"/> |
| 8 | Property taxes | 1,468.31 |
| 9 | Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property | <input type="checkbox"/> |
| 10 | Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| a | Total points originally paid on a loan for which the points must be amortized | |
| b | Length of loan (years) | |
| c | Points deducted in prior years for this loan | |
| d | Amortized points allowable this year | |
| e | Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)* | |

Uncommon Situations:

11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address **Yes** ☐ **No** ☒

Name _____
Address _____
City _____ State _____ ZIP _____

12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address **Yes** ☐ **No** ☒

Recipient's SSN _____ -OR- Recipient's EIN _____
Recipient's address _____
City _____ State _____ ZIP _____

13 Did you pay more mortgage interest than what is shown on Form 1098 **Yes** ☐ **No** ☐
QuickZoom to attach a statement to your return explaining the difference.

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

-9938

Part 1 - Home Mortgage Loan Information

| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
|---|--|---|---|---|---|
| Interest paid in 2020 | 7,258. | | | | |
| Points paid in 2020 on 1098 | | | | | |
| Points paid in 2020 not on 1098 | | | | | |
| Mortgage origination date | 12/26/2019 | | | | |
| Months loan outstanding | 12 | | | | |
| Principal paid on loan in 2020 | | | | | |
| Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan? | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Was the mortgage interest reported to you on form 1098? | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Home Debt Originating after December 15, 2017

| | | | | | |
|--|----------|--|--|--|--|
| Beginning of year balance | 200,000. | | | | |
| Borrowed in 2020 | | | | | |
| Home equity debt | | | | | |
| Principal applied | | | | | |
| Ending balance | 200,000. | | | | |
| Enter amount of debt used to buy, build or substantially improve the home | 200,000. | | | | |
| Average balance | 200,000. | | | | |

Home Debt Originating after October 13, 1987 and on or before December 15, 2017

| | | | | | |
|--|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Home equity debt | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |
| Home equity debt | | | | | |
| Enter amount of debt used to buy, build or substantially improve the home | | | | | |
| Average balance | | | | | |

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

| | | | | | |
|--|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |
| Enter amount of debt used to buy, build or substantially improve the home * | | | | | |
| Average balance | | | | | |

* Per Pub. 936, all interest from grandfathered debt is deductible. The program will automatically treat the entire amount of debt as being used to buy, build or substantially improve the home

Deductible Home Mortgage Interest Worksheet

2020

► Keep for your records

Page 2

Part 1 – Qualified Loan Limit

| | | |
|--|----|------------|
| Qualified loans acquired prior to October 14, 1987 | | |
| 1 Average balance of debt acquired prior to October 14, 1987 (grandfathered debt) | 1 | |
| Qualified loans acquired after October 13, 1987 and before December 16, 2017 | | |
| 2 Average balance of debt acquired after October 13, 1987 and before December 16, 2017 | 2 | |
| 3 Enter \$1,000,000 (\$500,000 if married filing separately) | 3 | 1,000,000. |
| 4 Enter larger of the amount on line 1 or the amount on line 3. | 4 | 1,000,000. |
| 5 Add the amounts on lines 1 and 2. Enter the total here | 5 | |
| 6 Enter the smaller of the amount on line 4 or the amount on line 5. | 6 | 0. |
| Qualified loans acquired after December 15, 2017 | | |
| 7 Average balance of debt acquired after December 15, 2017 | 7 | 200,000. |
| 8 Enter \$750,000 (\$375,000 if married filing separately) | 8 | 750,000. |
| 9 Enter larger of the amount on line 6 and the amount on line 8. | 9 | 750,000. |
| 10 Add the amounts on lines 6 and 7. Enter the total here. | 10 | 200,000. |
| Total qualified loans | | |
| 11 Enter the smaller of line 9 or line 10. This is your qualified loan limit | 11 | 200,000. |

Part 2 – Deductible Home Mortgage Interest

| | | |
|--|----|----------|
| 12 Enter the total of the average balances of all mortgages from lines 1, 2 and 7 on all qualified homes. See the line 12 instructions | 12 | 200,000. |
| 13 Total amount of interest that you paid on the loans from line 12 reported on . . . form 1098. | 13 | 7,258. |
| 14 Total amount of interest that you paid on the loans from line 12 not reported on form 1098 | 14 | |
| 15 Divide line 11 by line 12 | 15 | 1.000000 |
| 16 Multiply line 13 by the decimal amount on line 15. Enter the result. This is deductible home mortgage interest for loans reported on form 1098 Enter this amount on Schedule A line 8a | 16 | 7,258. |
| 17 Multiply line 14 by the decimal amount on line 15. Enter the result. This is deductible home mortgage interest for loans not reported on form 1098. Enter this amount on Schedule A line 8b | 17 | |
| 18 Subtract line 15 from line 13. This is not home mortgage interest | 18 | 0. |

2020

Schedule A
Line 17

Noncash Contributions Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

■■■■■-9938

Part I Name of Charity and Donation Value

1 Name of charity Deseret Industries

2 Value of contribution 484.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

- a ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

- i ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

- n ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity

b Charity City or Town State ZIP

5 Unique description of donated property Clothing, Footwear, Accessories & Household items

6 Date of donation (mm/dd/yyyy or Various) 06/01/2020

7 Method used to determine the fair market value Comparative sales

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy)

9 How the donated property was acquired

10 Cost or adjusted basis in the donated property

11 If business equipment, enter accumulated depreciation

Part V Deduction

12 Amount claimed as a deduction 484.

Part VI Type of Charitable Organization

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? ☐ Yes ☐ No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.

Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? ☐ Yes ☐ No

17 Appraiser Information:

a Date of Appraisal
b Appraiser Title
c Appraiser Identifying Number
d Appraiser Business Address (including room or suite number)
e Appraiser City or Town State ZIP Code

18 Charity Information:

a Charity Date of Receipt of Gift
b Charity Representative Title
c Charity Identifying Number
d Charity Street Address (including room or suite number)
e Charity City or Town State ZIP Code

19 Other Information:

a If a group of items were donated, describe any items
which were appraised at \$500 or less
b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated
c For **stock and securities** (checkboxes 3i-3j), enter average trading price
d For **bargain sales**, enter the amount received

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

20 Was the **entire interest** donated for this property? ☒ Yes ☐ No
If **no**, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2020 tax return
b Deduction claimed for this property on prior years' tax returns
c Location of tangible property donated
d Name of the person, other than the charity on line 1, who has
possession of the donated property
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity
f Street address of prior charity
g City of prior charity State ZIP Code

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

Step 1 — Enter your other charitable contributions made during the year.

| | | |
|--|---|------|
| 1 Enter your cash contributions to 100% limit organizations | 1 | |
| 2 Enter your contributions of capital gain property "for the use of" any qualified organization | 2 | |
| 3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line | 3 | |
| 4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line | 4 | |
| 5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. | 5 | |
| 6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line | 6 | 484. |
| 7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line | 7 | |

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

| | | |
|--|---|---------|
| 8 Enter your adjusted gross income (AGI) | 8 | 53,301. |
|--|---|---------|

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

| | | |
|---|----|--|
| 9 Multiply line 8 by 0.6 | 9 | |
| 10 Deductible amount. Enter the smaller of line 7 or line 9. | 10 | |
| 11 Carryover. Subtract line 10 from line 7. | 11 | |

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

| | | |
|--|----|---------|
| 12 Multiply line 8 by 0.5 | 12 | 26,651. |
| 13 Subtract line 10 from line 12 | 13 | 26,651. |
| 14 Deductible amount. Enter the smaller of line 6 or line 13. | 14 | 484. |
| 15 Carryover. Subtract line 14 from line 6. | 15 | 0. |

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

| | | |
|---|----|--|
| 16 Multiply line 8 by 0.5 | 16 | |
| 17 Add lines 5, 6, and 7. | 17 | |
| 18 Subtract line 17 from line 16 | 18 | |
| 19 Multiply line 8 by 0.3 | 19 | |
| 20 Add lines 3 and 4 | 20 | |
| 21 Deductible amount. Enter the smallest of line 18, 19, or 20 | 21 | |
| 22 Carryover. Subtract line 21 from line 20 | 22 | |

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

| | | |
|--|----|--|
| 23 Multiply line 8 by 0.5 | 23 | |
| 24 Add lines 6 and 7 | 24 | |
| 25 Subtract line 24 from line 23 | 25 | |
| 26 Multiply line 8 by 0.3 | 26 | |
| 27 Deductible amount. Enter the smallest of line 5, 25, or 26 | 27 | |
| 28 Carryover. Subtract line 27 from line 5. | 28 | |

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

| | | |
|---|----|--|
| 29 Multiply line 8 by 0.5 | 29 | |
| 30 Add lines 10, 14, 21, and 27 | 30 | |

| | | | | |
|----|--|----|--|--|
| 31 | Subtract line 30 from line 29 | 31 | | |
| 32 | Multiply line 8 by 0.3 | 32 | | |
| 33 | Subtract line 21 from line 32 | 33 | | |
| 34 | Subtract line 27 from line 32 | 34 | | |
| 35 | Multiply line 8 by 0.2 | 35 | | |
| 36 | Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35 | 36 | | |
| 37 | Carryover. Subtract line 36 from line 2 | 37 | | |

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

| | | | | |
|----|--|----|--|--|
| 38 | Enter the amount from line 8 | 38 | | |
| 39 | Add lines 10, 14, 21, 27, and 36 | 39 | | |
| 40 | Subtract line 39 from line 38 | 40 | | |
| 41 | Deductible amount. Enter the smaller of line 1 or line 40 | 41 | | |
| 42 | Carryover. Subtract line 41 from line 1 | 42 | | |

G Deduction for the year

| | | | | |
|----|--|----|------|----|
| 43 | Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. | 43 | 484. | |
| 44 | Carryover to next year. Add lines 11, 15, 22, 28 and 37 | 44 | | 0. |

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

Step 1 — Enter your other charitable contributions made during the year.

| | | |
|--|---|--|
| 1 Enter your cash contributions to 100% limit organizations | 1 | |
| 2 Enter your contributions of capital gain property "for the use of" any qualified organization | 2 | |
| 3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line | 3 | |
| 4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line | 4 | |
| 5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line | 5 | |
| 6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line | 6 | |
| 7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line | 7 | |

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

| | | |
|--|---|-------------------------|
| 8 Enter your adjusted gross income (AGI) | 8 | 53,301. |
| | | Percentage of line 8 |
| a 60% AGI limit to line 9 | a | 31,981. |
| b 50% AGI limit to line 12 | b | 26,167. |
| c 30% AGI limit, Section C to line 19 | c | 15,990. |
| d 30% AGI limit, Section D to line 26 | d | 15,990. |
| e 20% AGI limit to line 35 | e | 10,660. |

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

| | | |
|--|----|--|
| 9 Multiply line 8 by 0.6 | 9 | |
| 10 Deductible amount. Enter the smaller of line 7 or line 9 | 10 | |
| 11 Carryover. Subtract line 10 from line 7 | 11 | |

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

| | | |
|---|----|--|
| 12 Multiply line 8 by 0.5 | 12 | |
| 13 Subtract line 10 from line 12 | 13 | |
| 14 Deductible amount. Enter the smaller of line 6 or line 13 | 14 | |
| 15 Carryover. Subtract line 14 from line 6 | 15 | |

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

| | | |
|---|----|--|
| 16 Multiply line 8 by 0.5 | 16 | |
| 17 Add lines 5, 6, and 7 | 17 | |
| 18 Subtract line 17 from line 16 | 18 | |
| 19 Multiply line 8 by 0.3 | 19 | |
| 20 Add lines 3 and 4 | 20 | |
| 21 Deductible amount. Enter the smallest of line 18, 19, or 20 | 21 | |
| 22 Carryover. Subtract line 21 from line 20 | 22 | |

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

| | | |
|--|----|--|
| 23 Multiply line 8 by 0.5 | 23 | |
| 24 Add lines 6 and 7 | 24 | |
| 25 Subtract line 24 from line 23 | 25 | |
| 26 Multiply line 8 by 0.3 | 26 | |
| 27 Deductible amount. Enter the smallest of line 5, 25, or 26 | 27 | |
| 28 Carryover. Subtract line 27 from line 5 | 28 | |

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

| | | |
|---|----|--|
| 29 Multiply line 8 by 0.5 | 29 | |
| 30 Add lines 10, 14, 20, and 27 | 30 | |

| | | | | |
|--|--|----|--|--|
| 31 | Subtract line 30 from line 29 | 31 | | |
| 32 | Multiply line 8 by 0.3 | 32 | | |
| 33 | Subtract line 21 from line 32 | 33 | | |
| 34 | Subtract line 27 from line 32 | 34 | | |
| 35 | Multiply line 8 by 0.2 | 35 | | |
| 36 | Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35 | 36 | | |
| 37 | Carryover. Subtract line 36 from line 2 | 37 | | |
| F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers) | | | | |
| (If line 1 is zero, leave lines 38 through 42 blank) | | | | |
| 38 | Enter the amount from line 8 | 38 | | |
| 39 | Add lines 10, 14, 21, 27, and 36 | 39 | | |
| 40 | Subtract line 39 from line 38 | 40 | | |
| 41 | Deductible amount. Enter the smaller of line 1 or line 40 | 41 | | |
| 42 | Carryover. Subtract line 41 from line 1 | 42 | | |
| G Deduction for the year | | | | |
| 43 | Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. | 43 | | |
| 44 | Carryover to next year. Add lines 11, 15, 22, 28 and 37 | 44 | | |
| Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year. | | | | |

► Keep for your records

- | | | | | | |
|---|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the entire interest given for all property donated to all charities? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2 | Were restrictions attached to any charities's right to use or dispose of any property donated to any charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 3 | Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 4 | Was any charity other than 60% 50% charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
- Page 35-27 Filed: 11/15/23 Page 6 of 166

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott WilliamsSocial Security Number
[REDACTED] -9938**FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation**

| | | | |
|-----|--|----|------|
| 1 | Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere | 1 | |
| 2 a | Qualified Educator Expenses (from Educator Expenses Worksheet) | 2a | |
| b | Educator Expense Deduction (from 1040, line 23) | 2b | |
| c | Excess Educator Expenses (line 2a less line 2b). | 2c | |
| 3 | Union and professional dues | 3 | |
| 4 | Professional subscriptions | 4 | |
| 5 | Uniforms and protective clothing | 5 | |
| 6 | Job search costs | 6 | |
| 7 | Tax preparation fees | 7 | 160. |
| 8 | Entertainment expenses | 8 | |
| 9 | Other: | 9 | |
| | | | |
| | | | |
| | | | |
| 10 | Combine lines 1 through 9 | 10 | 160. |

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
Expense ↓

| | | | | |
|----|---|-------------------------------------|----|--|
| 11 | Depreciation and amortization deductions | <input checked="" type="checkbox"/> | 11 | |
| 12 | Casualty/theft losses of property used in services as an employee | | 12 | |
| 13 | REMIC expenses, from Schedule E | <input checked="" type="checkbox"/> | 13 | |
| 14 | Investment expenses related to interest and dividend income | <input checked="" type="checkbox"/> | 14 | |
| 15 | Expenses related to portfolio income, from Schedule(s) K-1 | <input checked="" type="checkbox"/> | 15 | |
| 16 | Miscellaneous deductions, from Schedule(s) K-1 | | 16 | |
| 17 | RESERVED | | 17 | |
| 18 | Investment counsel and advisory fees | <input checked="" type="checkbox"/> | 18 | |
| 19 | Certain attorney and accounting fees | <input checked="" type="checkbox"/> | 19 | |
| 20 | Safe deposit box rental fees | <input checked="" type="checkbox"/> | 20 | |
| 21 | IRA custodial fees | <input checked="" type="checkbox"/> | 21 | |
| 22 | Loss incurred from total distribution of all traditional IRAs | | 22 | |
| 23 | Loss incurred from total distribution of all Roth IRAs | | 23 | |
| 24 | Loss incurred from final distribution of a QTP investment | | 24 | |
| 25 | Hobby expense (limited to hobby income) | | 25 | |
| 26 | Other: | | | |
| a | Prior year government unemployment benefits repaid in 2020 | | 26 | |
| b | | | | |
| | | | | |
| | | | | |
| 27 | Combine lines 11 through 26 | | 27 | |

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

| | | | | |
|----|---|-------------------------------------|----|--|
| 28 | Expenses related to portfolio income, from Schedule(s) K-1 | <input checked="" type="checkbox"/> | 28 | |
| 29 | Federal estate tax paid on decedent's income reported on this return | | 29 | |
| 30 | Impairment-related expenses of a handicapped employee, from Form 2106 | | 30 | |
| 31 | Amortizable bond premiums on bonds acquired before 10/23/86 | | 31 | |
| 32 | Gambling losses | | 32 | |
| 33 | Deduction for repayment of amounts under claim of right if over \$3,000 | | 33 | |
| 34 | Casualty/theft losses of income-producing property | | 34 | |
| 35 | Unrecovered investment in annuity | | 35 | |
| 36 | Ordinary loss attributable to certain debt instruments | | 36 | |
| 37 | Net Qualified Disaster Loss | | 37 | |
| 38 | Combine lines 28 through 37 (to Schedule A, line 16) | | 38 | |

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

■■■■■-9938

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

| | |
|---|---|
| <p>1 Is your earned income* more than \$750?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,100</p> <p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,400 • Married filing jointly — \$24,800 • Head of household — \$18,650 <p>3 Standard deduction.</p> <p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b</p> <p>3 b If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)</p> <p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12</p> | <p>_____</p> <p>_____ ► 1 _____</p> <p>_____ ► 2 <u>24,800.</u></p> <p>_____ 3 a _____</p> <p>_____ 3 b _____</p> <p>_____ 3 c _____</p> |
|---|---|

****Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2020

► Keep for your records

| | |
|---|---|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED]-9938 |
|---|---|

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|----------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | -24,478. | | -24,478. |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | -24,478. | | -24,478. |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | -24,478. | | -24,478. |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | -24,478. | | -24,478. |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|--|----------|--|----------|
| 5 Net self-employment earnings (line 4 above) | -24,478. | | -24,478. |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 78,029. | | 78,029. |
| 7 a Taxable employer-provided adoption benefits | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 18 and 19 | 53,551. | | 53,551. |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 53,551. | | 53,551. |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 53,551. | | 53,551. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|----------|--|----------|
| 15 Net self-employment income or (loss) | -24,478. | | -24,478. |
| 16 Wages, salaries, tips, etc | 78,029. | | 78,029. |
| 17 Net self-employment loss | 24,478. | | 24,478. |
| 18 Alimony received | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, ln 2. | 78,029. | | 78,029. |

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

| | | | |
|--|----------|--|----------|
| 23 Self-employed, church and statutory employees | -24,478. | | -24,478. |
| 24 Wages, salaries, tips, etc | 78,029. | | 78,029. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. | 53,551. | | 53,551. |

Form 1040
Line 17a

Earned Income Credit Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

■■■■■-9938

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

| | | |
|--|---|--|
| <p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="padding-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 40px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.</p> <p>9 Enter your AGI from Form 1040, line 11</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 | <p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> | <p>78,029.</p> <p></p> <p></p> <p></p> <p>78,029.</p> <p></p> <p></p> <p></p> <p>-24,478.</p> <p></p> <p>53,551.</p> <p></p> <p>0.</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> |
|--|---|--|

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,756 (\$47,646 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,440 (\$53,330 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$41,756 (\$47,646 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$47,440 (\$53,330 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,650.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2020.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

☐ Yes, all of the above is correct.

☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2020?

2 ☐ Yes, my dependents lived with me at this address.

☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator ☒ **Yes** ☐ **No**

Potential qualifying child count ▶ 0
Non dependent potential qualifying child count ▶ 0
Qualifying child count (max 3) ▶ 0

Schedule SE Adjustments Worksheet

2020

► Keep for your records

| | | | |
|---|-------------------------------------|--|--|
| Name(s) Shown on Return Candy & Scott Williams | | Social Security Number [REDACTED] -9938 | |
| | (a) Taxpayer | (b) Spouse | |
| QuickZoom to the Long Schedule SE ► | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| A Approved Form 4029. Exempt from SE tax on all income | <input type="checkbox"/> | <input type="checkbox"/> | |
| B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . . | | | |
| C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). | | | |
| Part I Farm Profit or (Loss) Schedule SE, line 1 | | | |
| 1 Total Schedules F | | | |
| 2 Farm partnerships, Schedules K-1 | | | |
| 3 Other SE farm profit or (loss) (See Help) | | | |
| 4 Less SE exempt farm profit or (loss) (See Help) | | | |
| 5 Total for Schedule SE, line 1 | | | |
| 6 Conservation Reserve Program payments not subject to self-employment tax reported on: | | | |
| a Schedule F, line 4b | | | |
| b Schedule K-1 (Form 1065), box 20, code AH | | | |
| c Total CRP payments not subject to SE tax | | | |
| Part II Nonfarm Profit or (Loss) Schedule SE, line 2 | | | |
| 1 a Total Schedules C | -24,478. | | |
| b Less SE exempt Schedules C (approved Form 4361) | | | |
| 2 Nonfarm partnerships, Schedules K-1 | | | |
| 3 Forms 6781 | | | |
| 4 Other SE income reported as income on Form 1040, line 7 | | | |
| 5 a Clergy Form W-2 wages | | | |
| b Clergy housing allowance | | | |
| c Less clergy business deductions | | | |
| d QuickZoom to the Explanation statement for entry on line 5c. | | | |
| 6 Other SE nonfarm profit or (loss) (See Help) | | | |
| 7 Less other SE exempt nonfarm profit or (loss) (See Help) | | | |
| 8 Total for Schedule SE, line 2 | -24,478. | | |
| 9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . . | | | |
| Part III Farm Optional Method Schedule SE, page 2, Part II | | | |
| 1 Use Farm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 Gross farm income from Schedules F | | | |
| 3 Gross farming or fishing income from partnership Schedules K-1 . . | | | |
| 4 Other gross farming or fishing self-employment income | | | |
| 5 Total gross income for Farm Optional Method | | | |
| Part IV Nonfarm Optional Method Schedule SE, page 2, Part II | | | |
| 1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 Gross nonfarm income from Schedules C | | | |
| 3 Gross nonfarm income from partnership Schedules K-1 | | | |
| 4 Other gross nonfarm self-employment income | | | |
| 5 Total gross income for Nonfarm Optional Method | | | |

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Candy & Scott Williams

Social Security No.

[REDACTED] -9938

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event► _____
- 2 Date of casualty or theft event ► _____
- 3 Use of property, check one if not a Ponzi loss (line 5c):
- a Personal (includes home office deducted under simplified method, see tax help)► ☐
- b Business, employment, or income-producing► ☐
- 4 If box 3a is checked, check one:
- a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster► ☐
- b This event qualifies as a Hurricane Irma Disaster► ☐
- c This event qualifies as a Hurricane Maria Disaster► ☐
- d This event qualifies as a **2017** California Wildfire Disaster (01/01/2017-01/18/2018)► ☐
- e This event is a qualified federally declared major disaster► ☐
- f This event is a federally declared disaster (not "qualified")► ☐
- g This event qualifies as a **2016** federally declared disaster area► ☐
- h This event **does not** qualify as a federally declared disaster► ☐
- i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here► _____
- j If the FEMA disaster decl. number begins with EM instead of DR, enter it here► _____
- 5 If box 3b is checked, check one:
- a Check if the property was used in a passive activity► ☐
- b Check if the property was **not** used in a passive activity► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss► ☐
- 6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27
- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2020

► Keep for your records

| | | | |
|--|---|---|--|
| Name(s) Shown on Return Candy & Scott Williams | | Social Security Number [REDACTED]-9938 | |
| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c. | | 0. | 0. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 0. | | 0. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT | 0. | | |
| c Enter the smaller of line 7a or line 7b | 0. | | 0. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 0. | 0. | 0. |
| 10 Add lines 6 and 9 | 0. | | 0. |
| A Enter the amount from Form 6251, line 6. | 0. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. | | | 0. |

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

| | |
|---|--|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED] -9938 |
|---|--|

Taxable Income – Line 1

| | | | |
|---|--|---|---------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 28,501. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 28,501. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 28,501. |

Taxes – Line 2a

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 6 | 1 | |
|---|---|---|--|

Refund of Taxes – Line 2b

| | | | |
|---|---|---|----|
| 1 | Taxable refund of state and local income tax | 1 | 0. |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes. | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 2b. | 3 | 0. |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

| | | | |
|----|---|----|---------|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 53,301. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 53,301. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 47,971. |
| 6 | Enter ATNOL carried to 2019 from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg | 11 | |

Incentive Stock Options – Line 2i

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 2i. | 5 | |

Alternative Minimum Taxable Income – Line 4

| | | |
|---|---|--|
| If married filing separately and Form 6251, line 4, is more than \$745,200: | | |
| 1 Alternative minimum taxable income, Form 6251 | 1 | |
| 2 Threshold amount | 2 | |
| 3 Subtract line 2 from line 1 | 3 | |
| 4 Multiply line 3 by 25% (.25) | 4 | |
| 5 Smaller of line 4 or \$56,700 | 5 | |
| 6 Add line 1 and line 5. Enter on Form 6251, line 4 | 6 | |

Exemption – Line 5

| | | |
|---|---|------------|
| 1 Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately | 1 | 113,400. |
| 2 Enter your alternative minimum taxable income from Form 6251, line 4 | 2 | 53,301. |
| 3 Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately | 3 | 1,036,800. |
| 4 Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0. |
| 5 Multiply line 4 by 25% (.25) | 5 | 0. |
| 6 Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5 | 6 | 113,400. |

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2020

► Keep for your records

| | | |
|--|--|---|
| Name(s) Shown on Return Candy & Scott Williams | | Social Security Number [REDACTED] -9938 |
| <p>1 Enter the amount from Form 6251, line 6</p> <p>2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.</p> <p>b Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income</p> <p>c Subtract line 2b from line 2a. If zero or less, enter 0</p> <p>3 Add line 1 and line 2c</p> <p>4 Tax on the amount on line 3.</p> <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. <p>5 Tax on amount on line 2c. If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result</p> <p>6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.</p> | <p>1</p> <p>2a</p> <p>2b</p> <p>2c</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> |

Federal Carryover Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

2019 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| UT | | | 2,067. | | 1,159. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | 2,067. | | 1,159. | |

2019 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2019 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2019 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2019 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2019 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2019 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2019 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2019 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2019 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| UT | 2,067. | 1,159. |
| | | |
| | | |

2019 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

Candy & Scott Williams

-9938

| Other Tax and Income Information | | | 2019 | 2020 |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | 3 MFS | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 | Itemized deductions | 3 | 4,037. | 11,755. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | 35,103. | 53,301. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | 2,557. | 2,911. |
| 7 | Alternative minimum tax | 7 | | |
| 8 | Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | | | 2019 | 2020 |
|----------------------|---|------|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | b | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | b | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| b | Spouse's excess HSA contributions as of 12/31 | b | | |

| Loss and Expense Carryovers | | | 2019 | 2020 |
|--|---|------|------|------|
| Note: Enter all entries as a positive amount | | | | |
| 12 a | Short-term capital loss | 12 a | | |
| b | AMT Short-term capital loss | b | | |
| 13 a | Long-term capital loss | 13 a | | |
| b | AMT Long-term capital loss | b | | |
| 14 a | Net operating loss available to carry forward | 14 a | | |
| b | AMT Net operating loss available to carry forward | b | | |
| 15 a | Investment interest expense disallowed | 15 a | | |
| b | AMT Investment interest expense disallowed | b | | |
| 16 | Nonrecaptured net Section 1231 losses from: | 16 a | | |
| | a 2020 | a | | |
| | b 2019 | b | | |
| | c 2018 | c | | |
| | d 2017 | d | | |
| | e 2016 | e | | |
| | f 2015 | f | | |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | 17 a | | |
| | a 2020 | a | | |
| | b 2019 | b | | |
| | c 2018 | c | | |
| | d 2017 | d | | |
| | e 2016 | e | | |
| | f 2015 | f | | |

| Credit Carryovers | | | | 2019 | 2020 |
|-------------------|--|---|---|------|------|
| 18 | General business credit | | | 18 | |
| 19 | Adoption credit from: | a | 2020 | 19a | |
| | | b | 2019 | b | |
| | | c | 2018 | c | |
| | | d | 2017 | d | |
| | | e | 2016 | e | |
| | | f | 2015 | f | |
| 20 | Mortgage interest credit from: | a | 2020 | 20a | |
| | | b | 2019 | b | |
| | | c | 2018 | c | |
| | | d | 2017 | d | |
| 21 | Credit for prior year minimum tax | | | 21 | |
| 22 | District of Columbia first-time homebuyer credit | | | 22 | |
| 23 | Residential energy efficient property credit | | | 23 | |
| Other Carryovers | | | | 2019 | 2020 |
| 24 | Section 179 expense deduction disallowed | | | 24 | |
| 25 | Excess | a | Taxpayer (Form 2555, line 46) | 25a | |
| | foreign | b | Taxpayer (Form 2555, line 48) | b | |
| | housing | c | Spouse (Form 2555, line 46) | c | |
| | deduction: | d | Spouse (Form 2555, line 48) | d | |

Charitable Contribution Carryovers

| 26 | 2019 Carryover of charitable contributions from: | Other Property | | Capital Gain | | Cash |
|----|--|----------------|---------|--------------|---------|-------------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60/100% |
| a | 2019 | | | | | |
| b | 2018 | | | | | |
| c | 2017 | | | | | |
| d | 2016 | | | | | |
| e | 2015 | | | | | |
| 27 | 2020 Carryover of charitable contributions from: | Other Property | | Capital Gain | | Cash |
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60/100% |
| a | 2020 | | | | | |
| b | 2019 | | | | | |
| c | 2018 | | | | | |
| d | 2017 | | | | | |
| e | 2016 | | | | | |

28 Amount overpaid less earned income credit 0.

| Qualified Business Income Deduction (Section 199A) carryovers | | | | 2019 | 2020 |
|---|--|----------------|------|--------|----------|
| 29 | Qualified business loss carryforward | | | 29 | -25,997. |
| 30 | Qualified PTP loss carryforward | | | 30 | -50,475. |
| 31 | Applicable percentage | 2018 | 31 a | | |
| | | 2019 | b | 100.00 | |

2019 State Capital Loss Carryovers (For users not transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

| Description | Amount |
|---|----------------|
| Income | |
| Wages | 78,029. |
| Interest income before Series EE bond exclusion | |
| Dividend income | |
| Tax refund | 0. |
| Alimony received | |
| Nonpassive business income or loss | -24,478. |
| Royalty and nonpassive rental activities income or loss | |
| Nonpassive partnership income or loss | |
| Nonpassive S corporation income or loss | |
| Nonpassive farm rental income or loss | |
| Nonpassive farm income or loss | |
| Nonpassive estate and trust income or loss | |
| Real estate mortgage investment conduits | |
| Business gains and losses from nonpassive activities | |
| Capital gains and losses | |
| Taxable IRA distributions | |
| Taxable pension distributions | |
| Unemployment compensation | |
| Other income | |
| Total income | 53,551. |
| Adjustments | |
| Educator expenses | |
| Certain business expenses of reservists, performing artists, and government officials | |
| Health savings account deduction | |
| Moving expenses | |
| Self-employed SEP, SIMPLE, and qualified plans | |
| Self-employed health insurance deduction | |
| Penalty on early withdrawals of savings | |
| Alimony paid | |
| Other adjustments | 250. |
| Total adjustments | 250. |
| Modified adjusted gross income | 53,301. |

Two-Year Comparison

2020

Name(s) Shown on Return

Candy & Scott Williams

Social Security Number

| Income | 2019 | 2020 | Difference | % |
|--|----------|----------|------------|---------|
| Wages, salaries, tips, etc | 61,100. | 78,029. | 16,929. | 27.71 |
| Interest and dividend income | | | | |
| State tax refund | | 0. | 0. | |
| Business income (loss) | -25,997. | -24,478. | 1,519. | 5.84 |
| Capital and other gains (losses) | | | | |
| IRA distributions | | | | |
| Pensions and annuities | | | | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | 35,103. | 53,551. | 18,448. | 52.55 |
| Adjustments to Income | | 250. | 250. | |
| Adjusted Gross Income | 35,103. | 53,301. | 18,198. | 51.84 |
| Itemized Deductions | | | | |
| Medical and dental | | | | |
| Income or sales tax | 2,067. | 1,656. | -411. | -19.88 |
| Real estate taxes | 1,208. | 1,468. | 260. | 21.52 |
| Personal property and other taxes | 173. | 889. | 716. | 413.87 |
| Interest paid | 109. | 7,258. | 7,149. | 999.00 |
| Gifts to charity | 480. | 484. | 4. | 0.83 |
| Casualty and theft losses | | | | |
| Miscellaneous | | | | |
| Total Itemized Deductions | 4,037. | 11,755. | 7,718. | 191.18 |
| Standard or Itemized Deduction | 12,200. | 24,800. | 12,600. | 103.28 |
| Qualified Business Income Deduction | 0. | 0. | 0. | |
| Taxable Income | 22,903. | 28,501. | 5,598. | 24.44 |
| Income tax | 2,557. | 3,028. | 471. | 18.42 |
| Additional income taxes | | | | |
| Alternative minimum tax | | | | |
| Total Income Taxes | 2,557. | 3,028. | 471. | 18.42 |
| Nonbusiness credits | | 117. | 117. | |
| Business credits | | | | |
| Total Credits | | 117. | 117. | |
| Self-employment tax | | | | |
| Other taxes | | | | |
| Total Tax After Credits | 2,557. | 2,911. | 354. | 13.84 |
| Withholding | 2,426. | 1,943. | -483. | -19.91 |
| Estimated and extension payments | | | | |
| Earned income credit | | | | |
| Additional child tax credit | | | | |
| Other payments | | 1,800. | 1,800. | |
| Total Payments | 2,426. | 3,743. | 1,317. | 54.29 |
| Form 2210 penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | | 832. | 832. | |
| Balance Due | 131. | | -131. | -100.00 |

Current year effective tax rate 5.46 %

Tax Summary
► Keep for your records

2020

Name (s)

Candy & Scott Williams

| | |
|--|---------|
| Total income | 53,551. |
| Adjustments to income | 250. |
| Adjusted gross income | 53,301. |
| Itemized/standard deduction | 24,800. |
| Qualified business income deduction | 0. |
| Taxable income | 28,501. |
| Tentative tax | 3,028. |
| Additional taxes | |
| Alternative minimum tax | |
| Total credits | 117. |
| Other taxes | |
| Total tax | 2,911. |
| Total payments | 3,743. |
| Estimated tax penalty | |
| Amount Overpaid | 832. |
| Refund | 832. |
| Amount Applied to Estimate | |
| Balance due | 0. |

Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return
Candy & Scott Williams

Social Security No.
[REDACTED] -9938

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

| | | |
|---|---|--|
| <p>1 Can you be claimed as a dependent on another person's 2020 return?</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> No. Go to line 2 </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30. </div> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. </div> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. Go to line 4. </div> <p>4 Does one of you have a valid social security number?</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30. </div> <p>5 Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>7 Add lines 5 and 6</p> <p>8 Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>10 Add lines 8 and 9</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p>12 Enter the amount shown below for your filing status : ● \$150,000 if married filing jointly or qualifying widow(er) ● \$112,500 if head of household ● \$75,000 if single or married filing separately </p> <p>13 Is the amount on line 11 more than the amount on line 12?</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Subtract line 12 from line 11. </div> <p>14 Multiply line 13 by 5% (0.05)</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0-</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0-</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference</p> <p>21 Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p> | <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> | <p>2,400.</p> <p></p> <p>2,400.</p> <p></p> <p>1,200.</p> <p></p> <p>1,200.</p> <p>53,301.</p> <p>150,000.</p> <p></p> <p></p> <p>2,400.</p> <p></p> <p>1,200.</p> <p></p> <p></p> <p></p> <p>600.</p> <p>600.</p> <p>1,800.</p> |
|---|---|--|

Compare to U. S. Averages

► Keep for your records

2020

| | |
|---|---------------------------------------|
| Name(s) Shown on Return Candy & Scott Williams | Social Security No [REDACTED]-9938 |
|---|---------------------------------------|

Your 2020 adjusted gross income (AGI) 53,301.
National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

| Selected Income, Deductions, and Credits | Actual Per Return | National Average |
|--|----------------------|---------------------|
| Salaries and wages | 78,029. | 66,668. |
| Taxable interest | | 880. |
| Tax-exempt interest | | 4,791. |
| Dividends | | 3,982. |
| Business net income | | 18,584. |
| Business net loss | -24,478. | 7,064. |
| Net capital gain | | 7,535. |
| Net capital loss | | 2,314. |
| Taxable IRA | | 16,542. |
| Taxable pensions and annuities | | 28,668. |
| Rent and royalty net income | | 8,962. |
| Rent and royalty net loss | | 9,333. |
| Partnership and S corporation net income | | 25,826. |
| Partnership and S corporation net loss | | 12,207. |
| Taxable social security benefits | | 18,067. |
| Medical and dental expenses deduction | | 9,883. |
| Taxes paid deduction | 4,013. | 6,874. |
| Interest paid deduction | 7,258. | 7,461. |
| Charitable contributions deduction | 484. | 3,620. |
| Total itemized deductions | 11,755. | 20,554. |
| Child care credit | | 620. |
| Education tax credits | | 1,325. |
| Child tax credit | | 1,673. |
| Retirement savings contributions credit | 117. | 177. |
| Earned income credit | | 350. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 53,301. | 74,704. |
| Taxable income | 28,501. | 50,725. |
| Income tax | 3,028. | 6,980. |
| Alternative minimum tax | | 1,592. |
| Total tax liability | 2,911. | 7,384. |

Estimated Taxes and Form W-4 Worksheet

Name: Candy & Scott Williams
SSN: [REDACTED]-9938

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2021 Federal Income Taxes

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2021 withholding will be

Overpayment from my 2020 return. 832.

Amount of my 2020 overpayment to apply to 2021 instead of refunding it

Enter Your Filing Status and Other Information for Your 2021 Tax Return

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2021 48

Spouse age as of the end of 2021 64

Do you qualify for an additional standard deduction?

Taxpayer:

Spouse:

Total 0

☐ Check if you must itemize in 2021. (See Tax Help.)

Dependent of Another

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

| | 2020 | 2021 |
|---|------|------|
| Number of qualifying children dependents age 16 and under | 0 | 0 |
| Number of qualifying children dependents age 17 to 23 | 0 | 0 |
| Number of other dependents on return | 0 | 0 |

Enter Your 2021 Income and Deductions in 2nd column

Compensation:

| | 2020 Actual | 2021 Expected |
|---|-------------|---------------|
| Annual wages and salary for taxpayer | 78,029. | |
| Medicare wages for taxpayer (W-2 box 5) | 79,196. | |
| Annual wages and salary for spouse | | |
| Medicare wages for spouse (W-2 box 5) | | |

Self-employment Income:

| | | |
|---|----------|--|
| Schedule C income for taxpayer | -24,478. | |
| Schedule C income for spouse | | |
| Schedule F & K-1 income for taxpayer | | |
| Schedule F & K-1 income for spouse | | |
| Conservation Reserve Program Payments for taxpayer | | |
| Conservation Reserve Program Payments for spouse | | |
| Annual net income from self-employment for taxpayer | -24,478. | |
| Annual net income from self-employment for spouse | | |

W-2:

Employer

☐ Check to populate W-2 table from 2020 return

Owner

Wages

2020 Withholding

2021 Wages

2021 Withholding

Schedule C:

Name

☐ Check to populate Schedule C table from 2020 return

Owner

2020 Income

2020 Expenses

2021 Income

2021 Expenses

| | | | |
|---|--|----------|----------|
| Other Tax Information: | | | |
| Note: Include this income in the Other Income section below. | | | |
| Net Investment Income for 3.8% tax | | 0 . | |
| Qualified dividends | | | |
| Maximum Capital Gains Rate Tax Information: | | | |
| Net short-term capital gains or losses | | | |
| Net long-term capital gains or losses | | | |
| Net 28%-rate capital gains included in long-term | | | |
| Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>) | | | |
| Investment income election (<i>see Tax Help</i>) | | | |
| Other Income: | | | |
| Total of your other taxable income and losses (<i>see Tax Help</i>) . . . | | 0 . | |
| Foreign income or housing exclusions. | | | |
| Adjustments: | | | |
| Deductible IRA contributions, alimony, etc | | | |
| Charitable cash contributions if using the standard deduction | | | |
| Itemized Deductions: | | | |
| Total medical expenses | | 0 . | |
| State and local property and income taxes (or sales tax) | | 4,013 . | |
| Deductible foreign income taxes | | | |
| Deductible mortgage interest | | 7,258 . | |
| Cash charitable contributions | | | |
| Other charitable contributions | | 484 . | |
| Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>) | | | |
| Other itemized deductions | | | |
| Net qualified disaster loss (<i>see Tax Help</i>) | | | |
| Standard Deduction: | | | |
| Standard deduction | | 24,800 . | 25,100 . |

| | | |
|---|---------|---------|
| Deduction Allowed: | | |
| Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>) | 24,800. | 25,100. |
| Other Deduction: | | |
| Qualified business income deduction (<i>see Tax Help</i>) | 0. | |
| Credits: | | |
| Earned Income Tax Credit | | |
| Child Tax Credit | | |
| Child and Dependent Care Credit | | |
| Education Credits | | |
| Other Credits | 117. | |

Candy & Scott Williams

-9938 Page 2

| Income Tax Calculation for Your 2021 Tax Return | 2020 Actual | 2021 Expected |
|--|-------------|---------------|
| Taxable income | 28,501. | 0. |
| Income tax | 3,028. | |
| Alternative minimum tax (Enter Alt Min tax expected in 2021) . . . | | |
| Premium tax credit repayment (Enter amt expected for 2021) . . . | | |
| Total credits (Enter credits expected in 2021) | 117. | |
| Tax on self-employment income and add'l 0.9% Medicare tax . . . | | 0. |
| Net investment income tax (3.8%) | | 0. |
| Other taxes (Enter other taxes expected in 2021) | 0. | |
| Total federal income tax | 2,911. | 0. |

Enter the Tax Payments You've Already Made for Your 2021 Tax Return

| | |
|--|----|
| The federal income tax actually withheld from your paychecks to date | |
| Taxpayer | |
| Spouse | |
| Federal estimated tax payments you've already made | |
| Payment number 1 (April 15, 2021) | |
| Payment number 2 (June 15, 2021) | |
| Payment number 3 (September 15, 2021) | |
| 2020 federal overpayment credited to 2021 (<i>from page 1 above</i>) | |
| Total taxes paid to date | |
| Balance of payments needed or (expected refund) | 0. |

Summary of Taxes to be Paid for 2021

| | |
|---|--|
| Federal income taxes to be withheld from your paychecks | |
| Your 2020 federal overpayment you applied to 2021 | |
| Your 2021 federal estimated taxes, | |
| based on <u>100% of your 2020 actual tax</u> | |
| Estimate of total payments you will need to make for 2021 | |

Estimated Tax Payment Options

Name: Candy & Scott Williams
SSN: -9938

| Prepare My 2021 Estimated Taxes Based on | Tax Amount |
|---|------------|
| <input type="checkbox"/> 90% of tax on your 2021 estimated taxable income | 0. |
| <input type="checkbox"/> 100% of tax on your 2021 estimated taxable income | 0. |
| <input type="checkbox"/> 66-2/3% of tax on your 2021 estimated taxable income (for farmers and fishermen only, see Tax Help) | 0. |
| <input checked="" type="checkbox"/> 100% (110%) of your 2020 taxes (prior-year exception) Note: If your 2020 taxes were less than \$1000, see Tax Help | 2,911. |

| Amount of Estimated Taxes to Pay in 2021 | |
|---|--------|
| Taxes based on method above | 2,911. |
| Expected withholding for 2021 . . . (2020 actual withholding) | 1,943. |
| Taxes due after withholding | 968. |
| Estimates you've already paid | |
| Last year's overpayment you applied to this year | |
| Balance of estimated taxes due | 968. |

| Round My Payments Up |
|--|
| <input type="checkbox"/> To the next \$10 |
| <input type="checkbox"/> To the next \$100 |

| Prepare Estimated Tax Payment Vouchers |
|---|
| <input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) |
| <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 |
| <input type="checkbox"/> No, do not prepare estimated tax payment vouchers |

| Schedule of Estimated Tax Payments for 2021 | |
|--|--|
| Check the box for the payment date due next. We will prepare your vouchers based on your choice. | |
| <input type="checkbox"/> Payment number 1, due April 15, 2021 | |
| <input type="checkbox"/> Payment number 2, due June 15, 2021 | |
| <input type="checkbox"/> Payment number 3, due September 15, 2021 | |
| <input type="checkbox"/> Payment number 4, due January 18, 2022 | |

| | |
|---|--|
| Total estimated tax payments for 2021 | |
|---|--|

| Print Estimated Tax Vouchers |
|---|
| <input checked="" type="checkbox"/> Yes, print those prepared by program |
| <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts |

Additional Information for Form W-4

| | |
|--------------|------------------------|
| Name: | Candy & Scott Williams |
| SSN: | ██████-9938 |

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

| | | |
|---|---|---|
| <input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan. | | |
| Enter Salary and Pay Periods for 2021 | Taxpayer | Spouse |
| Your annual salary for this year | | |
| Salary you have already received in 2021 | | |
| Your remaining salary for this year | 0. | |
| Number of paychecks you have remaining this year | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| How often you are paid | | |
| Your gross salary per pay period | | |
| Form W-4 Personal Withholding Adjustments | Taxpayer | Spouse |
| Withholding status | | |
| Additional withholding per pay period | | |
| Estimated future withholding per pay period | | |
| Estimated future withholding through remainder of year | | |
| Top tax rate being withheld | % | % |
| Change in Federal Income Tax Withholding per Pay Period | Taxpayer | Spouse |
| See tax help for more information. | | |
| Current withholding per pay period | | |
| Estimated future withholding per pay period | | |
| Increase/(decrease) in net pay per pay period | | |
| Summary of Federal Income Taxes to be Withheld in 2021: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above. | | |
| Taxpayer's withholding | | |
| Spouse's withholding | | |
| Total withholding | | |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Candy & Scott Williams

Primary SSN: [REDACTED]-9938

Federal Return Submitted: February 18, 2021 01:27 PM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 02/18/2021

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight May 17, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2021. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2021, and the corrected return is submitted and accepted by October 20, 2021.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|--|
| |
|--|

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ³ | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ³ | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ . | Usually within 21 days ³ | Free option with your purchase of a Tax Product ² |

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card. Bank is not affiliated with the issuer of the debit card.

²This fee consists of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

| State(s) |
|----------|
| |
| |
| |
| |

Select other returns to file electronically:

| Other Return(s) |
|-----------------|
| |
| |
| |
| |

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

| State(s) |
|----------|
| |
| |
| |
| |

Select other returns to file by mail:

| Other Return(s) |
|-----------------|
| |
| |
| |
| |

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

| State(s) |
|----------|
| |
| |
| |
| |

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

| State(s) |
|----------|
| |
| |
| |
| |

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Practitioner PIN Program:

☐ Sign return electronically using Practitioner PIN

Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
☐ State issued identification card
☐ Passport
☐ Account statement from financial institution
☐ Utility billing statement
☐ Credit card billing statement

Finish and File Info:

☐ To indicate a client return download in FnF

PDF ATTACHMENTS

| Attachment Description | Type | File Name | PDF Name | Entity Key | Version |
|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Smart Worksheets From 2020 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 11423 Spotted Fawn Ln

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Bigfork MT 59911-7335

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i> | |
|--|--|
| A | QBI worksheet to report (double-click to link) <u>Viking Investment</u> |
| B | Trade or Business Name <u>Viking Investment</u> |
| C | Trade or Business ID Number |
| D 1 | Is this a Specified Service Trade or Business (SSTB)? . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | If No, is income attributable to a SSTB? (see Help) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | QBI worksheet for SSTB income (this will auto-populate if Yes) |
| 4 | Percentage of qualified income attributable to SSTB % |
| E 1 | Tentative Sch C profit (loss) from this business -24,478. |
| 2 | Adjustments to qualified business income 0. |
| 3 | Tentative Sch C profit (loss) from qualified business -24,478. |
| 4 a | Calculated QBI allowed after passive/at-risk limits -24,478. |
| b | Adjustments to allowed QBI |
| c | Allowable QBI after loss limits -24,478. |
| 5 | Self employed deductions connected to this business |
| a | Self employed health insurance for this business 0. |
| b | Total deduction for 1/2 self employment tax |
| c | Deduction for 1/2 S.E. tax connected to this business 0. |
| d | Total deduction for S.E. retirement contributions |
| e | S.E. retirement deduction connected to this business 0. |
| | Total self employed deductions connected to this business 0. |
| 6 | Sch C profit (loss) after S.E. deductions -24,478. |
| 7 | Additional deductions related to this business reported on separate schedules |
| 8 | Net profit (loss) after adjustments, limitations, and deductions -24,478. |
| 9 | Allowable Sch C profit (loss) allocated to SSTB 0. |
| 10 | Allowable Sch C profit (loss) from this business -24,478. |
| F 1 | Ordinary gain (loss) from business assets 0. |
| 2 | Ordinary gain (loss) adjustments |
| 3 | Qualified ordinary gain (loss) 0. |
| 4 a | Calculated QBI allowed after passive/at-risk limits 0. |
| b | Adjustments to allowed QBI |
| c | Allowable short-term qualified gain (loss) after passive/at-risk limits 0. |
| 5 | Allowable ordinary gain (loss) allocated to SSTB 0. |
| 6 | Allowable ordinary gain (loss)/recapture from this business 0. |
| G 1 | Section 1231 gain (loss) from business assets 0. |
| 2 | Section 1231 gain (loss) adjustments |
| 3 | Section 1231 gain (loss) from qualified business 0. |
| 4 a | Calculated QBI allowed after passive/at-risk limits 0. |
| b | Adjustments to allowed QBI |
| c | Allowable ordinary 1231 qualified gain (loss) 0. |
| 5 | Allowable ordinary 1231 gain (loss) allocated to SSTB 0. |
| 6 | Allowable ordinary 1231 gain (loss) from this business 0. |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Qualified Business Income Deduction Smart Worksheet, Continued | |
|---|----------|
| H 1 Allowable QBI (E10 plus F6 plus G6) | -24,478. |
| 2 Qualified business income allocated to SSTB | 0. |
| 3 a Previously disallowed losses freed up in current year | |
| b Adjustments to previously disallowed losses | |
| c Previously disallowed QBI losses to be reported as separate business | 0. |
| d QBI wksht for previously disallowed losses, if present | |
| I 1 Tentative wages | 0. |
| 2 Adjustments | |
| 3 Qualified wages | 0. |
| 4 Qualified wages allocated to SSTB | 0. |
| J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA) | 0. |
| 2 Adjustments | |
| 3 Qualified UBIA | 0. |
| 4 Qualified UBIA allocated to SSTB | 0. |
| K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . . | |
| 2 Wages allocable to qualified payments from coop | |
| 3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . . | |
| 4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . . | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

Carryovers to 2020 Smart Worksheet*Enter carryovers from prior year below.*

| | Regular Tax | QBI | Alternative Minimum Tax |
|--|-------------|-----|-------------------------|
| A Section 179 carryover <i>(enter as positive amount)</i> . . . | | | |
| At-Risk Loss Carryovers <i>(enter as negative amts)</i> | | | |
| B Schedule C suspended loss | | | |
| C Schedule D short-term suspended loss | | | |
| D Schedule D long-term suspended loss | | | |
| E Form 4797 ordinary suspended loss | | | |
| F Form 4797 long-term suspended loss | | | |
| Passive Loss Carryovers <i>(enter as negative amts)</i> | | | |
| G Schedule C suspended loss | | | |
| H Schedule D short-term suspended loss | | | |
| I Schedule D long-term suspended loss | | | |
| J Form 4797 ordinary suspended loss | | | |
| K Form 4797 long-term suspended loss | | | |

Carryovers to 2020 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

| Percentage of SSTB income (by category) <i>Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)</i> | | | | |
|--|--------------|-------------|---------------|---------------|
| | Applicable % | Operating % | Form 4797 ord | Form 4797 l/t |
| 2018 | | | | |
| 2019 | 100.00 | 0.00 | 0.00 | 0.00 |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Carryovers to 2020 Smart Worksheet, Continued | | |
|--|-------------|-----|
| | Regular Tax | QBI |
| Disallowed Section 179 Deduction by Year | | |
| Before 2018 . . . A Section 179 carryover. | | |
| 2018 B Section 179 carryover. | | |
| 2019 C Section 179 carryover. | | |
| Disallowed At-Risk Losses by Year and Type | | |
| Before 2018 . . . A Operating loss | | 0. |
| B Form 4797 ordinary loss | | 0. |
| C Form 4797 long-term loss | | 0. |
| 2018 D Operating loss | | |
| E Form 4797 ordinary loss | | |
| F Form 4797 long-term loss | | |
| 2019 G Operating loss | | |
| H Form 4797 ordinary loss | | |
| I Form 4797 long-term loss | | |
| Disallowed Passive Losses by Year and Type | | |
| Before 2018 . . . A Operating loss | | 0. |
| B Form 4797 ordinary loss | | 0. |
| C Form 4797 long-term loss | | 0. |
| 2018 D Operating loss | | |
| E Form 4797 ordinary loss | | |
| F Form 4797 long-term loss | | |
| 2019 G Operating loss | | |
| H Form 4797 ordinary loss | | |
| I Form 4797 long-term loss | | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED. | | | |
|---|-------------------|----------|-------------------------|
| | Regular Tax | QBI | Alternative Minimum Tax |
| A Ownership | <u>Taxpayer</u> | | |
| B At risk status | <u>All</u> | | |
| C Passive status | <u>Nonpassive</u> | | |
| Schedule C | | | |
| D Tentative profit (loss) | -24,478. | -24,478. | -24,478. |
| E Other adjustments | | | |
| F At risk disallowed loss | | | |
| G Passive carryover loss | | | |
| H Passive disallowed loss | | | |
| I Net profit (loss) allowed | -24,478. | -24,478. | -24,478. |
| Related Dispositions | | | |
| J Tentative profit (loss) | | 0. | |
| K At risk disallowed loss | | | |
| L Passive carryover loss | | | |
| M Passive disallowed loss | | | |
| N Net profit (loss) allowed | | 0. | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| QBI (Section 199A) Losses by Year Smart Worksheet, Continued | | | |
|--|--|-------------|-----|
| At-risk losses | | Regular Tax | QBI |
| Previously disallowed at-risk losses by year | | | |
| Operating Loss | A Total loss in 2020 | | |
| | B Total allowed loss (all years) | | |
| | C Allowed loss in 2020 | | |
| | D Freed up loss from before 2018 | | |
| | E Freed up loss from 2018 | | |
| | F If SSTB, reduced loss from 2018 | | |
| | G Freed up loss from 2019 | | |
| | H If SSTB, reduced loss from 2019 | | |
| Form 4797 ordinary loss | I Total loss in 2020 | | |
| | J Total allowed loss (all years) | | |
| | K Allowed loss in 2020 | | |
| | L Freed up loss from before 2018 | | |
| | M Freed up loss from 2018 | | |
| | N If SSTB, reduced loss from 2018 | | |
| | O Freed up loss from 2019 | | |
| | P If SSTB, reduced loss from 2019 | | |
| Form 4797 long term loss | Q Total loss in 2020 | | |
| | R Total allowed loss (all years) | | |
| | S Allowed loss in 2020 | | |
| | T Freed up loss from before 2018 | | |
| | U Freed up loss from 2018 | | |
| | V If SSTB, reduced loss from 2018 | | |
| | W Freed up loss from 2019 | | |
| | X If SSTB, reduced loss from 2019 | | |
| At-risk loss carryforwards to 2021 | | | |
| Before 2018 | A Operating loss | | 0. |
| | B Form 4797 ordinary loss | | 0. |
| | C Form 4797 long-term loss | | 0. |
| 2018 | D Operating loss | | |
| | E Form 4797 ordinary loss | | |
| | F Form 4797 long-term loss | | |
| 2019 | G Operating loss | | |
| | H Form 4797 ordinary loss | | |
| | I Form 4797 long-term loss | | |
| 2020 | J Operating loss | | |
| | K Form 4797 ordinary loss | | |
| | L Form 4797 long-term loss | | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| QBI (Section 199A) Losses by Year Smart Worksheet, Continued | | | |
|--|--|-------------|-----|
| Passive losses | | Regular Tax | QBI |
| Previously disallowed passive losses by year | | | |
| Operating Loss | A Total loss in 2020 | | |
| | B Total allowed loss (all years) | | |
| | C Allowed loss in 2020 | | |
| | D Freed up loss from before 2018 | | |
| | E Freed up loss from 2018 | | |
| | F If SSTB, reduced loss from 2018 | | |
| | G Freed up loss from 2019 | | |
| | H If SSTB, reduced loss from 2019 | | |
| Form 4797 ordinary loss | I Total loss in 2020 | | |
| | J Total allowed loss (all years) | | |
| | K Allowed loss in 2020 | | |
| | L Freed up loss from before 2018 | | |
| | M Freed up loss from 2018 | | |
| | N If SSTB, reduced loss from 2018 | | |
| | O Freed up loss from 2019 | | |
| | P If SSTB, reduced loss from 2019 | | |
| Form 4797 long term loss | Q Total loss in 2020 | | |
| | R Total allowed loss (all years) | | |
| | S Allowed loss in 2020 | | |
| | T Freed up loss from before 2018 | | |
| | U Freed up loss from 2018 | | |
| | V If SSTB, reduced loss from 2018 | | |
| | W Freed up loss from 2019 | | |
| | X If SSTB, reduced loss from 2019 | | |
| Passive loss carryforwards to 2021 | | | |
| Before 2018 | A Operating Loss | | 0. |
| | B Form 4797 ordinary loss | | 0. |
| | C Form 4797 long-term loss | | 0. |
| 2018 | D Operating Loss | | |
| | E Form 4797 ordinary loss | | |
| | F Form 4797 long-term loss | | |
| 2019 | G Operating loss | | |
| | H Form 4797 ordinary loss | | |
| | I Form 4797 long-term loss | | |
| 2020 | J Operating loss | | |
| | K Form 4797 ordinary loss | | |
| | L Form 4797 long-term loss | | |

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

| Eligibility Smart Worksheet | | | |
|--|--|---|--|
| A | The amount on Form 1040, 1040-SR, or Form 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly). | ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| B | Born after January 1, 2003. | Taxpayer ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | Spouse . ▶ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C | Claimed as a dependent on someone else's 2020 tax return. | Taxpayer ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | Spouse . ▶ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D | A student in 2020 (see instructions) | Taxpayer ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | Spouse . ▶ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>Note: If the 'Yes' box on line A is checked, you are not eligible for the credit and this form will not be completed.</p> <p>Even if the 'No' box on line A is checked, any retirement savings contribution the taxpayer may have will not qualify for the credit if any 'Yes' box is checked on line B, C, or D for the taxpayer. If this is the case, lines 1 through 6 will not be completed for the taxpayer.</p> <p>Similarly, any retirement savings contribution the spouse may have will not qualify for the credit if any 'Yes' box is checked on line B, C, or D for the spouse; in this case, lines 1 through 6 will not be completed for the spouse, even if the 'No' box is checked on line A.</p> | | | |

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

| Line 2 Smart Worksheet | | | |
|---|--------------|--------|--------------|
| Elective deferrals | Taxpayer . . | 1,167. | Spouse . . . |
| After-tax voluntary employee contributions (See help) | Taxpayer . . | | Spouse . . . |

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

| Line 11 Credit Limit Smart Worksheet | | | |
|---|--|--|--------|
| 1 | Enter the amount from Form 1040, 1040-SR, or Form 1040-NR, line 17 | | 3,028. |
| 2 | Form 1040 or 1040-SR filers: Enter the total of your credits from Schedule 3, lines 1 through 3, and Schedule R, line 22. Form 1040-NR filers: Enter the total of your credits from Sch 3, lines 1 - 3. | | |
| 3 | Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop ; you can't take this credit--don't file this form. | | 3,028. |

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

| Tax Smart Worksheet | |
|---------------------|---|
| A | Tax 3,028. |
| Check if from: | |
| 1 | Tax table <input checked="" type="checkbox"/> |
| 2 | Tax Computation Worksheet (see instructions) <input type="checkbox"/> |
| 3 | Schedule D Tax Worksheet <input type="checkbox"/> |
| 4 | Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/> |
| 5 | Schedule J <input type="checkbox"/> |
| 6 | Form 8615 <input type="checkbox"/> |
| 7 | Foreign Earned Income Tax Worksheet <input type="checkbox"/> |
| B | Additional tax from Form 8814 |
| C | Additional tax from Form 4972 |
| D | Tax from additional Form(s) 4972 |
| E | Recapture tax from Form 8863 |
| F | IRC Section 197(f)(9)(B)(ii) election for an additional tax |
| G | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative |
| H | Additional tax from Form 8621 |
| I | Tax. Add lines A through G. Enter the result here and include in tax below. 3,028. |
| J | Form 8621 tax deferral from line 9c (to line 24) |

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

| Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet | |
|--|---|
| <p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p> | |
| A | Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0. |

SMART WORKSHEET FOR: Federal Information Worksheet

| TurboTax for the Web Filing Status Smart Worksheet | |
|--|--------------------------|
| Check this box to override the filing status selected thru Interview . . | <input type="checkbox"/> |
| Marital Status | |
| Filing Status Selected | |

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

| Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i> | | | |
|--|--|------------------------------|-----------------------------|
| A | Is this activity a qualified trade or business under Section 199A? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B | QBI worksheet to report | ▶ | |
| C | Specified Service Trade or Business (SSTB)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D | I am not a statutory employee | <input type="checkbox"/> | |

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

| Substitute Form W-2 Smart Worksheet | |
|--|---|
| A | Treat as a substitute W-2 and generate a form 4852 <input type="checkbox"/> |
| B | Linked substitute W-2 Form 4852 ▶ |
| C | Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____ |
| D | Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____ |
| E | QuickZoom to completed Form 4852 for reference ▶ |

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

| Mortgage Interest Limited Smart Worksheet If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines A , B , and C below: — The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or — You had home debt that was not used to buy, build or substantially improve your home that secures the loan | |
|---|---|
| QuickZoom to Deductible Home Mortgage Interest Worksheet ▶ | |
| Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/> | |
| A | Home mortgage interest and points reported on Form 1098: |
| 1 | Sum of lines 5a through 5d below 7,258.02 |
| 2 | Limited amount to report on Sch A, line 8a |
| B | Home mortgage interest not reported on Form 1098: |
| 1 | Sum of lines 6a and 6b below |
| 2 | Limited amount to report on Sch A, line 8b |
| C | Points not reported on Form 1098: |
| 1 | Sum of lines 7a through 7c below |
| 2 | Limited amount to report on Sch A, line 8c. |

SMART WORKSHEET FOR: Home Mortgage Interest Worksheet (United Wholesale Mortgage)

| Home Mortgage Interest Limitation Smart Worksheet | | | | |
|---|--|---|------------------------------------|--|
| A | Is this the original loan used to purchase this home? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| B | Is this a home equity loan or refinance of a purchase loan? | Home Equity <input type="checkbox"/> | Refi <input type="checkbox"/> | |
| | Was cash ever taken out as part of a refinance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| C | Were all loan proceeds used to purchase, build, or improve the home secured by this loan? (see help if this loan is a refinance loan) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | If no, amount used to purchase, build, or improve this home (see help) | | | |
| D | Date loan was paid off, if paid off in 2020 | | | |
| E | Outstanding mortgage principal as of 12/31/2020 (or pay-off date, if applicable) | | | |
| | Check if you had only one 1098 | <input type="checkbox"/> | | |
| F | | Total | Post-12/15/17 Home Debt | 10/14/87 - 12/15/17 Home Debt |
| 1 | Interest paid in 2020 | 7,258.02 | 7,258.02 | |
| 2 | Total points | | | |
| 3 | Beginning balance | 200,000.00 | 200,000.00 | |
| 4 | Borrowed in 2020 | | | |
| 5 | Principal applied | | | |
| 6 | Ending balance | | | |
| 7 | Average loan balance | | | |
| 8 | Acquisition debt | 200,000.00 | 200,000.00 | |
| 9 | Acquisition interest | 7,258.02 | 7,258.02 | |
| 10 | Deductible points | | | |

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

| Depreciation Smart Worksheet | |
|------------------------------|--|
| A | Enter Section 179 carryover from prior year |
| B | QuickZoom to the Asset Entry Worksheet ▶ |
| C | QuickZoom to the Depreciation/Amortization Reports ▶ |
| D | QuickZoom to Form 4562 for Schedule A ▶ |
| E | Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F | Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No |
| G | Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| H | Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Nontaxable Combat Pay Election Smart Worksheet | |
|--|--|
| QuickZoom to enter nontaxable combat pay on Form W-2 ► | |
| A Taxpayer: | |
| 1 Taxpayer, nontaxable combat pay | _____ |
| 1a Taxpayer, prior year nontaxable combat pay from 2019 | _____ |
| 2 Election for earned income credit (EIC): | |
| Elect taxpayer's nontaxable combat pay as earned income for EIC? | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 Election for dependent care benefits (DCB): | |
| Elect taxpayer's nontaxable combat pay as earned income for DCB? | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 Election for child and dependent care credit: | |
| Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B Spouse: | |
| 1 Spouse, nontaxable combat pay | _____ |
| 1a Spouse, prior year nontaxable combat pay from 2019 | _____ |
| 2 Election for earned income credit (EIC): | |
| Elect spouse's nontaxable combat pay as earned income for EIC? | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 Election for dependent care benefits (DCB): | |
| Elect spouse's nontaxable combat pay as earned income for DCB? | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 Election for child and dependent care credit: | |
| Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? | ► <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below: | |
| Overpayment _____ | 832. Amount due _____ |

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Prior Year Earned Income Election Smart Worksheet | |
|--|---|
| Election to use 2019 earned income for Earned Income Credit | |
| The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations. | |
| A Elect to use 2019 earned income for EIC | ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| B Earned income for EIC from your 2019 return | 35,103. |
| C Current year earned income for EIC | 53,551. |
| If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations. | |
| D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A | |
| Overpayment _____ | 832. Amount due _____ |

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Investment Income Smart Worksheet | |
|---|--|
| A | Taxable and tax exempt interest |
| B | Dividend income |
| C | Capital gain net income |
| D | Royalty and rental of personal property net income |
| E | Passive activity net income : |
| 1 | Rental real estate net income or loss |
| 2 | Farm rental net income or loss |
| 3 | Partnerships and S corporations net income or loss |
| 4 | Estates and trusts net income or loss |
| 5 | Total of lines 1 through 4 |
| 6 | Total passive activity net income , line 5 if greater than zero |
| F | Interest and dividends from Forms 8814 |
| G | Adjustments |
| H | Total investment income , add lines A through G 0. |
| Is line H, total investment income over \$3,650? | |
| <input checked="" type="checkbox"/> | No. You may take the credit. |
| <input type="checkbox"/> | Yes. Stop. You cannot take the credit. |

SMART WORKSHEET FOR: Estimated Tax Payment Options

| | |
|--|--|
| For Residents of Guam or the U.S. Virgin Islands Only | |
| <input type="checkbox"/> | Permanent resident of Guam or U.S. Virgin Islands |
| <input type="checkbox"/> | Nonpermanent resident of Guam or U.S. Virgin Islands |

Additional Information From 2020 Federal Tax Return

Charitable Organization (Deseret Industries)

Detail of Item Donations - Continued

Continuation Statement

Note: Amounts in this worksheet can only be entered using the interview process.

| Ref. No. | Donat. Date | VM* | Item Description | High Value | Qty. | Med. Value | Qty. | Total Value |
|----------|-------------|-----|--------------------------------|------------|------|------------|------|-------------|
| 1 | 06/01/2020 | 1 | Men's Pants: Dress Slacks | 9.00 | 0 | 7.00 | 0 | 0.00 |
| 1 | 06/01/2020 | 1 | Men's Shirt: Flannel | 21.00 | 0 | 14.00 | 2 | 28.00 |
| 1 | 06/01/2020 | 1 | Men's Shirt: Jersey | 20.00 | 0 | 14.00 | 1 | 14.00 |
| 1 | 06/01/2020 | 1 | Men's Shirt: Sweatshirt/Fleece | 22.00 | 0 | 15.00 | 1 | 15.00 |
| 1 | 06/01/2020 | 1 | Men's Shorts: Chinos/Khakis | 11.00 | 0 | 8.00 | 3 | 24.00 |
| 1 | 06/01/2020 | 1 | Men's Sleepwear: Robe | 17.00 | 0 | 12.00 | 1 | 12.00 |
| 1 | 06/01/2020 | 1 | Edger: Electric | 22.00 | 0 | 15.00 | 1 | 15.00 |
| 1 | 06/01/2020 | 1 | Edger: Gas | 12.00 | 1 | 8.00 | 0 | 12.00 |
| 1 | 06/01/2020 | 1 | Mower: Gas: Push | 34.00 | 0 | 20.00 | 1 | 20.00 |
| 1 | 06/01/2020 | 1 | Fry Pan | 12.00 | 0 | 8.00 | 1 | 8.00 |
| 1 | 06/01/2020 | 1 | Sauce Pan | 7.00 | 0 | 5.00 | 1 | 5.00 |
| 1 | 06/01/2020 | 1 | Saute Pan | 15.00 | 0 | 11.00 | 1 | 11.00 |
| 1 | 06/01/2020 | 1 | Stock Pot | 10.00 | 0 | 7.00 | 1 | 7.00 |
| 1 | 06/01/2020 | 1 | Backpack: Adult | 12.00 | 0 | 8.00 | 2 | 16.00 |
| 1 | 06/01/2020 | 1 | Bed Spread: Full/Queen | 18.00 | 0 | 12.00 | 1 | 12.00 |
| 1 | 06/01/2020 | 1 | Bed Spread: Set: Queen | 23.00 | 0 | 16.00 | 2 | 32.00 |
| 1 | 06/01/2020 | 1 | Comforter: Full/Queen | 29.00 | 0 | 20.00 | 2 | 40.00 |
| 1 | 06/01/2020 | 1 | Pillow | 2.00 | 0 | 1.00 | 4 | 4.00 |
| 1 | 06/01/2020 | 1 | Women's Jogging Suit | 12.00 | 1 | 8.00 | 0 | 12.00 |
| 1 | 06/01/2020 | 1 | Women's Pants: Capris | 13.00 | 2 | 9.00 | 0 | 26.00 |
| 1 | 06/01/2020 | 1 | Women's Pants: Cargo | 18.00 | 0 | 12.00 | 2 | 24.00 |
| 1 | 06/01/2020 | 1 | Women's Pants: Chinos/Khakis | 14.00 | 0 | 8.00 | 2 | 16.00 |
| 1 | 06/01/2020 | 1 | Women's Pants: Jeans/Denim | 16.00 | 0 | 11.00 | 3 | 33.00 |
| 1 | 06/01/2020 | 1 | Women's Shirt: Flannel | 12.00 | 0 | 8.00 | 1 | 8.00 |
| 1 | 06/01/2020 | 1 | Women's Shirt: Halter | 10.00 | 0 | 7.00 | 2 | 14.00 |
| Total | | | | | | | | 408.00 |

Individual Income Tax Return CouponTC-547
INTUIT Rev. 12/11**Use of Payment Coupon**

If you have a tax due balance on your Utah individual income tax return and you have previously filed your return (either electronically or by paper) without a payment, include the payment coupon below with your check or money order to insure proper credit to your account. Do not mail another copy of your income tax return with this payment. Sending a duplicate of your return may delay posting of the payment.

If you are sending a payment with your paper Utah individual income tax return, include the payment coupon below with your check or money order, to insure proper credit to your account.

Do not use this return payment coupon to prepay future individual income taxes. Use form TC-546.

Electronic Payment

You may pay your tax online at **tap.utah.gov**.

How to Prepare the Payment

Make your check or money order payable to the Utah State Tax Commission. Do not send cash. The Tax Commission does not assume liability for loss of cash placed in the mail.

Print your name and address, daytime telephone number and the year the payment is for on your check or money order.

Sending Payment Coupon

If sending this payment coupon separate from your individual income tax return, do **NOT** mail another copy of your return with this payment.

Complete and detach the payment coupon below.

Do not attach (staple, paper clip, etc.) the check or money order to the payment coupon.

Send the payment coupon and payment to:

Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-0266

SEPARATE AND RETURN ONLY THE BOTTOM COUPON WITH PAYMENT. KEEP TOP PORTION FOR YOUR RECORDS.

**Individual Income Tax
Return Payment Coupon**

Mail to: Utah State Tax Commission, 210 N 1950 W, SLC UT 84134-0266

INTUIT **TC-547**
Rev. 12/11

Tax year ending
2020

USTC Use Only

Primary taxpayer name
CANDY WILLIAMS

Social Security no.
[REDACTED] 9938

Secondary taxpayer name
SCOTT WILLIAMS

Social Security no.
[REDACTED] 0922

Address
11423 SPOTTED FAWN LN

City
BIGFORK

State
MT

ZIP code
599117335

Payment amount enclosed \$ 371 00

REV 04/06/21 INTUIT.CG.CFP.SP

Make check or money order payable to the Utah State Tax Commission. Do not send cash. Do not staple check to coupon. Detach check stub.

40001

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All State Income Tax Dollars Fund Education

2020
TC-40

INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No.

Your first name

Your last name

Y/N

9938

CANDY

WILLIAMS

N

Spouse's Soc. Sec. No.

Spouse's first name

Spouse's last name

0922

SCOTT

WILLIAMS

N

Address

Telephone number

If deceased, complete
page 3, Part 1

11423 SPOTTED FAWN LN

801-694-5409

City

State

ZIP+4

Foreign country (if not U.S.)

BIGFORK

MT

599117335

1 Filing Status - enter code

1 = Single

• 2 = Married filing jointly

3 = Married filing separately

4 = Head of household

5 = Qualifying widow(er)

If using code 2 or 3, enter spouse's name and SSN above

2 Qualifying Dependents

a Dependents age 16 and under

b Other dependents

c 0 Total (add lines a and b)

Dependents must be claimed for the child tax credit on your federal return. See instructions.

3 Election Campaign Fund

Does not increase your tax or reduce your refund.

Enter the code for the party of your choice. Yourself • N Spouse • N

See instructions for code letters or go to incometax.utah.gov/elect.

If no contribution, enter N.

| | | | |
|----|---|------|-------|
| 4 | Federal adjusted gross income from federal return | • 4 | 53301 |
| 5 | Additions to income from TC-40A, Part 1 (attach TC-40A, page 1) | • 5 | |
| 6 | Total income - add line 4 and line 5 | 6 | 53301 |
| 7 | State tax refund included on federal form 1040, Schedule 1, line 1 (if any) | • 7 | 0 |
| 8 | Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1) | • 8 | |
| 9 | Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6 | • 9 | 53301 |
| 10 | Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero) | • 10 | 2638 |
| 11 | Utah personal exemption (multiply line 2c by \$590) | • 11 | 0 |
| 12 | Federal standard or itemized deductions | • 12 | 24800 |
| 13 | Add line 11 and line 12 | 13 | 24800 |
| 14 | State income tax deducted on federal Schedule A, line 5a (if any) | • 14 | |
| 15 | Subtract line 14 from line 13 | 15 | 24800 |
| 16 | Initial credit before phase-out - multiply line 15 by 6% (.06) | • 16 | 1488 |
| 17 | Enter: \$14,879 (if single or married filing separately); \$22,318 (if head of household); or \$29,758 (if married filing jointly or qualifying widower) | • 17 | 29758 |
| 18 | Income subject to phase-out - subtract line 17 from line 9 (not less than zero) | 18 | 23543 |
| 19 | Phase-out amount - multiply line 18 by 1.3% (.013) | • 19 | 306 |
| 20 | Taxpayer tax credit - subtract line 19 from line 16 (not less than zero) | • 20 | 1182 |
| 21 | If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.) | • 21 | |
| 22 | Utah income tax - subtract line 20 from line 10 (not less than zero) | • 22 | 1456 |

**Electronic filing
is quick, easy and
free, and will
speed up your refund.**

**To learn more,
go to
tap.utah.gov**

Utah Individual Income Tax Return (continued)

40002 SSN [REDACTED] 9938 Last name WILLIAMS

NTUIT

**TC-40
2020**

Pg. 2

| | | | |
|----|---|------------------|------------------------------------|
| 23 | Enter tax from TC-40, page 1, line 22 | 23 | 1456 |
| 24 | Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1) | • 24 | |
| 25 | Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 37 | • 25 | 797 |
| 26 | Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1) | • 26 | |
| 27 | Subtract line 26 from line 25 (not less than zero) | 27 | 797 |
| 28 | Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3) | • 28 | |
| 29 | AMENDED RETURN ONLY - previous refund | • 29 | |
| 30 | Recapture of low-income housing credit | • 30 | |
| 31 | Utah use tax | • 31 | |
| 32 | Total tax, use tax and additions to tax (add lines 27 through 31) | 32 | 797 |
| 33 | Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1) | • 33 | 426 |
| 34 | Credit for Utah income taxes prepaid from TC-546 and 2019 refund applied to 2020 | • 34 | |
| 35 | Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2) | • 35 | |
| 36 | Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2) | • 36 | |
| 37 | AMENDED RETURN ONLY - previous payments | • 37 | |
| 38 | Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2) | • 38 | |
| 39 | Total withholding and refundable credits - add lines 33 through 38 | 39 | 426 |
| 40 | TAX DUE - subtract line 39 from line 32 (not less than zero) | • 40 | 371 |
| 41 | Penalty and interest (see instructions) | 41 | |
| 42 | TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41 | • 42 | 371 |
| 43 | REFUND - subtract line 32 from line 39 (not less than zero) | • 43 | |
| 44 | Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5 | • 44 | |
| 45 | DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts) | | |
| | • Routing number | • Account number | Account type: • checking • savings |

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

| | | | | | |
|-------------------------|--|------|--|--|-----------------|
| SIGN Your signature | | Date | Spouse's signature (if filing jointly) | | Date |
| HERE | | | | | |
| Third Party Designee | Name of designee (if any) you authorize to discuss this return | | Designee's telephone number | | Designee PIN |
| | | | | | • |
| Paid Preparer's Section | Preparer's signature | | Preparer's telephone number | | Preparer's PTIN |
| | Date | | | | • |
| | SELF-PREPARED | | | | • |
| | Firm's name and address | | | | Preparer's EIN |
| | | | | | • |

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Non and Part-year Resident Schedule

40006 SSN [REDACTED] - 9938 Last name WILLIAMS

NTUIT

TC-40B
2020

Residency Status: • Nonresident: Home state abbreviation: • X Part-year resident from: 01/01/20 to 05/31/20
mm/dd/yy mm/dd/yy

| Income | | Col. A - UTAH | Col. B - TOTAL |
|--------|---|---------------|----------------|
| 1 | Wages, salaries, tips, etc. (1040 line 1) | 29182 | 78029 |
| 2 | Taxable interest income (1040 line 2b) | | |
| 3 | Ordinary dividends (1040 line 3b) | | |
| 4 | IRAs, pensions and annuities - taxable amount (1040 lines 4b and 5b) | | |
| 5 | Social Security benefits - taxable amount (1040 line 6b) | | |
| 6 | Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 1) | 0 | 0 |
| 7 | Alimony received (1040, Schedule 1, line 2a) | | |
| 8 | Business income or (loss) (1040, Schedule 1, line 3) | 0 | -24478 |
| 9 | Capital gain or (loss) (1040, line 7) | | |
| 10 | Other gains or (losses) (1040, Schedule 1, line 4) | | |
| 11 | Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 5) | | |
| 12 | Farm income or (loss) (1040, Schedule 1, line 6) | | |
| 13 | Unemployment compensation (1040, Schedule 1, line 7) | | |
| 14 | Other income (1040, Schedule 1, line 8) | | |
| 15 | Additions to income from TC-40A, Part 1 (Utah portion only in Utah column) | 0 | |
| 16 | Total income (loss) - add lines 1 through 15 for both columns A and B | 29182 | 53551 |

| Adjustments | | Col. A - UTAH | Col. B - TOTAL |
|-------------|--|---------------|----------------|
| 17 | Educator expenses (1040, Schedule 1, line 10) | | |
| 18 | Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 11) | | |
| 19 | Health savings account deduction (1040, Schedule 1, line 12) | | |
| 20 | Moving expenses (1040, Schedule 1, line 13) - col. A only expenses moving into Utah | | |
| 21 | Deductible part of self-employment tax (1040, Schedule 1, line 14) | | |
| 22 | Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 15) | | |
| 23 | Self-employed health insurance deduction (1040, Schedule 1, line 16) | | |
| 24 | Penalty on early withdrawal of savings (1040, Schedule 1, line 17) | | |
| 25 | Alimony paid (1040, Schedule 1, line 18a) | | |
| 26 | IRA deduction (1040, Schedule 1, line 19) | | |
| 27 | Student loan interest deduction (1040, Schedule 1, line 20) | | |
| 28 | Tuition and fees (1040, Schedule 1, line 21) | | |
| 29 | Reserved | 0 | 250 |
| 30 | Taxable refunds/credits/offsets of state and local income taxes (1040, Schd 1, line 1) | 0 | 0 |
| 31 | Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column) | | |
| 32 | (see instructions): | | |
| 33 | Total adjustments - add lines 17 through 32 for both columns A and B | 0 | 250 |

| | | | |
|----|--|---------|---------|
| 34 | Subtract line 33 from line 16 for both columns A and B Line 34, column B must equal TC-40, line 9 | • 29182 | • 53301 |
|----|--|---------|---------|

Non or Part-year Resident Utah Tax

| | | | |
|----|--|------|--------|
| 35 | Divide line 34 column A by line 34 column B (to 4 decimal places) Do not enter a number greater than 1.0000 or less than 0.0000 | 35 | 0.5475 |
| 36 | Subtract TC-40, line 24 from TC-40, line 23 and enter the result (not less than zero) here | 36 | 1456 |
| 37 | UTAH TAX - Multiply line 36 by the decimal on line 35. Enter on TC-40, page 2, line 25 | • 37 | 797 |

Submit this page ONLY if data entered.

Attach completed schedule to your Utah Income Tax Return.

| Line Explanations | IMPORTANT |
|--|--|
| 1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099 | Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W. |
| First W-2 or 1099 1 860860478 2 12288282003WTH (14 characters, no hyphens) 3 PRIMARY RESIDENTIAL MORTGAGE INC 1480 N 2200 W SALT LAKE CITY UT84116 4 5 [REDACTED]9938 6 29182. 7 426. | Second W-2 or 1099 1 2 (14 characters, no hyphens) 3 4 5 6 7 |
| Third W-2 or 1099 1 2 (14 characters, no hyphens) 3 4 5 6 7 | Fourth W-2 or 1099 1 2 (14 characters, no hyphens) 3 4 5 6 7 |

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 426 .

Submit page ONLY if data entered.
 Attach completed schedule to your Utah Income Tax Return.
 Do not attach W-2s or 1099s to your Utah return.

Tax Summary
 ► Keep for your records

2020

| | |
|---|---------|
| Name | |
| Candy & Scott Williams | |
| Federal AGI | 53,301. |
| Other additions | |
| Other deductions | |
| Utah taxable income | 53,301. |
| Standard/Itemized deductions | 24,800. |
| Utah tax | 1,456. |
| Other taxes | |
| Total taxes | 1,456. |
| Total taxes and contributions | 797. |
| Total withholding and refundable credits | 426. |
| Tax due | 371. |
| Refund | |
| Deposited to UESP account(s) | |
| Applied to next year's taxes | |
| Net Refund | 0. |

Utah Information Worksheet

2020

► Keep for your own records

Part I – Personal Information

Taxpayer:

First Name Candy
 Middle Initial _____ Suffix _____
 Last Name Williams
 Social Security No. - 9938
 Occupation Manager
 Daytime Phone No. (801) 694-5409
 Date of Birth / 1973 (mm/dd/yyyy)
 Date of Death _____ (mm/dd/yyyy)
 Home Phone _____

Spouse:

First Name Scott
 Middle Initial _____ Suffix _____
 Last Name Williams
 Social Security No. - 0922
 Occupation Retired
 Daytime Phone No. _____
 Date of Birth / 1957 (mm/dd/yyyy)
 Date of Death _____ (mm/dd/yyyy)

Check to print phone number on Form TC-40 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime
 Address . . . 11423 Spotted Fawn Ln Apt Number . . . _____
 City Bigfork State . MT ZIP Code . 59911-7335
 Foreign Country _____ Evening Phone Number . . . _____

Part II – Resident Status

Indicate Utah Residency Status

| Taxpayer | Spouse | | | | |
|-------------------------------------|-------------------------------------|--------------------|---|---------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Full-year resident | Taxpayer home state ID . . . _____ | Form TC-40 . . . ► | _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nonresident | Spouse home state ID . . . <u>MT</u> | Form TC-40B . . . ► | _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Part-year resident | from <u>01/01/2020</u> to <u>05/31/2020</u> | Form TC-40S . . . ► | _____ |

Part III – Filing Status

Indicate Utah Filing Status

☐ Single
☐ Head of household
☒ Married filing joint return
☐ Married filing separate return
☐ Qualifying widow(er)

Part IV – Worksheet for Computing Utah Use Tax (Line 31 of Form TC-40)

| | | | |
|---|--|---|-------|
| 1 | Amount of purchases subject to use tax (except grocery food) | 1 | _____ |
| 2 | County/City for use tax rate Use tax rate . . . | 2 | _____ |
| 3 | Use tax (line 1 multiplied by line 2) | 3 | _____ |
| 4 | Amount of purchases for food and food ingredients | 4 | _____ |
| 5 | Multiply line 4 by .03 | 5 | _____ |
| 6 | Add line 3 and line 5 | 6 | _____ |
| 7 | Credit for sales tax paid to another state | 7 | _____ |
| 8 | Use tax due (line 6 less line 7). Enter on Form TC-40, line 31 | 8 | _____ |

Part V – Election Campaign Fund

(Checking a party does not increase your tax or reduce your refund. You must have Utah tax liability of at least \$2, or \$4 if married filing joint return, to contribute.)

| Taxpayer | | Spouse | | |
|-------------------------------------|----------|-------------------------------------|----------|----------------------|
| <input type="checkbox"/> | C | <input type="checkbox"/> | C | Constitution |
| <input type="checkbox"/> | D | <input type="checkbox"/> | D | Democrat |
| <input type="checkbox"/> | M | <input type="checkbox"/> | M | Independent American |
| <input type="checkbox"/> | L | <input type="checkbox"/> | L | Libertarian |
| <input type="checkbox"/> | R | <input type="checkbox"/> | R | Republican |
| <input type="checkbox"/> | G | <input type="checkbox"/> | G | Green |
| <input checked="" type="checkbox"/> | N | <input checked="" type="checkbox"/> | N | No Contribution |
| <input type="checkbox"/> | U | <input type="checkbox"/> | U | United Utah |

Part VI – Direct Deposit Information or Electronic Funds Withdrawal

| Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you want to elect direct deposit of state tax refund? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use electronic funds withdrawal of Utah payment for the tax return? |

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) ▶ _____

Check the appropriate box:

Checking ▶ ☐ Routing number ▶ _____

Savings ▶ ☐ Account number ▶ _____

Name(s) on account _____

Payment date to withdraw from the account above _____

Balance due from return _____

International ACH Transactions

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.? |
| | | _____ Bank name for International ACH Transaction |

Part VII – Extension Status

| Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the tax return due date been extended? |
| | | Extended due date _____ |

Part VIII – Amended Return

☐ Filing a Utah amended return

Enter the tax year you are amending _____

Previous Utah payment made _____

Previous Utah refund received _____

QuickZoom to Explanation of Changes Worksheet ▶ _____

Tax Payments Worksheet

► Keep for your personal records

2020

| | | | |
|--------------------------------|--|--|--|
| Name Candy & Scott Williams | | Social Security Number [REDACTED] -9938 | |
| | Date | Payment | |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 a | Payment | | |
| b | Payment | | |
| c | Payment | | |
| d | Payment | | |
| e | Payment | | |
| 6 | Overpayment applied from previous year | 6 | |
| 7 | Amount paid with Form TC-546 | 7 | |
| 8 | Total tax payments | 8 | |
| 9 | Date return will be filed and balance paid | 9 | |

Explanation of Changes

**Tax Year
Amended**

Name(s)

Social Security Number

Check this box to transfer the federal explanation from the Federal amended form ☐



2020 Montana Individual Income Tax Return

Form 2

Page 1 For the year Jan 1 – Dec 31, 2020, or the tax year beginning and ending

First name and initial Last name Social Security Number Deceased? Date of death
CANDY WILLIAMS 9938

Mark if this is Spouse's first name and initial Last name Spouse's Social Security Number Deceased? Date of death
an amended SCOTT WILLIAMS 0922

return. Current mailing address City State ZIP Code + 4
(See page 2) 11423 SPOTTED FAWN LN BIGFORK MT 599117335

Filing Status 1 Single 3 Head of household X 4 Married filing jointly Residency Status 1 Resident full-year North Dakota reciprocity
2a Married filing separately on the same form Mark only one box. 2 Nonresident full-year
2b Married filing separately on separate forms If using 2b or 2c, enter your spouse's SSN below. X 3 Resident part-year (See instructions)
2c Married filing separately and spouse not filing

Dependents First name Last name Social Security Number Relationship Mark if disabled

Exemptions a X Yourself 65 or older Blind Enter number marked a 1
b X Spouse 65 or older Blind Enter number marked b 1
c Enter the total number of dependents. If more than 3 dependents, see instructions. c
d Add lines a through c. This is your total number of exemptions. d 2

Federal Income 1 Wages, salaries, tips, etc. Include federal Form(s) W-2 1 78029 00 00
2a Tax-exempt interest 2a 00 00 2b Taxable interest 2b 00 00 00
3a Qualified dividends 3a 00 00 3b Ordinary dividends 3b 00 00 00
4a IRA distributions 4a 00 00 4b Taxable amount 4b 00 00 00
5a Pensions and annuities 5a 00 00 5b Taxable amount 5b 00 00 00
6a Social Security benefits 6a 00 00 6b Taxable amount 6b 00 00 00
7 Capital gain or (loss). Attach Schedule D if required. If not required, mark here 7 00 00 00
8 Other income from Schedule 1, line 9 (See page 3) 8 -24478 00 00 00
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 9 53551 00 00 00
10 Adjustments to income
10a From Schedule 1, line 22 (See page 3) 10a 00 00 00
10b Charitable contributions if taking the federal standard deduction 10b 250 00 00 00
10c Add lines 10a and 10b. These are your total federal adjustments to income. 10c 250 00 00 00
11 Subtract line 10c from line 9. This is your Federal Adjusted Gross Income. 11 53301 00 00 00
12 Montana additions (See page 4) 12 0 00 00 00
13 Montana subtractions (See page 5) 13 0 00 00 00
14 Montana Adjusted Gross Income. Add lines 11 and 12, then subtract line 13. 14 53301 00 00 00
15 Standard or itemized deductions. X Mark this box and include page 7 if you elect to itemize. 15 12951 00 00 00
16 Exemptions. Multiply \$2,560 by your total number of exemptions. 16 5120 00 00 00
17 Taxable income. Subtract lines 15 and 16 from line 14. If zero or less, enter 0. 17 35230 00 00 00
18 Tax liability before credits (See instructions) 18 839 00 00 00
19 Nonrefundable credits (See page 9.) Do not enter an amount larger than line 18. 19 0 00 00 00
20 Tax after nonrefundable credits. Subtract line 19 from line 18. 20 839 00 00 00
21 Montana tax withheld on Forms W-2 and 1099 21 1230 00 00 00
22 Other payments and refundable credits (See page 11) 22 00 00 00 00
23a Earned Income Tax Credit Enter your federal EITC 23a 00 00 00 00
23b Multiply line 23a by 3% (0.03) and enter the result (Status 2a filers: See instructions) 23b 00 00 00 00
24 Contributions, penalties, and interest (See page 11) 24 0 00 00 00
25 Total payments. Add lines 21, 22, and 23b, then subtract line 24. 25 1230 00 00 00
26 If line 25 is less than line 20, subtract line 25 from line 20. This is your TAX DUE 26 00 00 00 00
Pay online at TAP.DOR.MT.gov or make checks payable to Montana Department of Revenue
27 If line 25 is more than line 20, subtract line 20 from line 25. This is your TAX OVERPAID 27 391 00 00 00

Go to Page 2 to complete your return and claim any refund.

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Status 2a Payment Schedule

If your filing status is 2a, you **must complete** this schedule **only if** there is an amount on page 1, line 26, **and** on page 1, line 27.

Under filing status 2a, your overpayment is applied to the amount owed by your spouse before you can claim the net overpayment on the Refund Schedule.

| | | |
|---|---|----|
| 1 Enter the amount from line 26, tax due | 1 | 00 |
| 2 Enter the amount from line 27, tax overpaid | 2 | 00 |
| 3 Subtract line 2 from line 1, enter the result but not less than zero This is your net amount due. | 3 | 00 |
| 4 Subtract line 1 from line 2, enter the result but not less than zero This is your net overpayment. | 4 | 00 |

The amount on line 4 (above) must be entered on Refund Schedule, line 1 (below), and in the column of the spouse with an overpayment on page 1, line 27.

Refund Schedule

| | | A | B |
|--|---|--------|----|
| 1 Enter your overpayment from page 1, line 27 or from the Status 2a Payment Schedule, line 4 | 1 | 391 00 | 00 |
| 2 Amount from line 1 you want applied to your 2021 estimated tax | 2 | 0 00 | 00 |
| 3 Amount from line 1 you want deposited into a 529 or 529A account (See page 12) | 3 | 00 | 00 |
| 4 Subtract lines 2 and 3 from line 1. This is your REFUND ► | 4 | 391 00 | 00 |

If you are filing a return in Montana for the first time, direct deposit is not available. Stop here and sign your return below.

If the direct deposit option is available and you wish to use it, provide your bank account information and sign your return below.

**Your
Direct
Deposit
Account**

RTN# 324377516

ACCT# [REDACTED] 6141

If using direct deposit, you are required to mark one box. ☒ Checking ☐ Savings

If this deposit is going to an account located outside of the United States or its territories, mark this box.

REQUIRED**Signature, Paid Preparer, and Third-Party Designee**

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature is required.

Spouse's signature

Date

Date

X _____
Taxpayer daytime phone number 801 694 5409

X _____

Paid preparer's signature

Preparer's PTIN

Firm's FEIN

SELF–PREPARED

Mark if paid preparer is also a Third-Party Designee.

Preparer daytime phone number

Mark the box if you want to allow another person (other than a paid preparer) to discuss this return with us.

Name

Phone number

Amended Return Information

Mark the appropriate box.

In the table below, indicate the reasons for the changes you made to your Montana tax return.

| | Form or Schedule | Line or Box | Reason |
|--------------------------|------------------|-------------|--------|
| a NOL carryback | | | |
| b Federal audit | | | |
| c Amended federal return | | | |
| d Filing status | | | |
| e Other | | | |



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Schedule 1 (federal Form 1040 or 1040-SR)**Additional Income and Adjustments to Income**

Enter your additional income and adjustments to income from Schedule 1

| | | A | B |
|-----------------------|--|-----|--------------|
| Additional Income | 1 Taxable refunds, credits, or offsets of state and local income taxes | 1 | 00 00 |
| | 2a Alimony received | 2a | 00 00 |
| | 2b Date of original divorce or separation agreement 2b | | |
| | 3 Business income or (loss). Include federal Schedule C. | 3 | -24478 00 00 |
| | 4 Other gains or (losses). Include federal Form 4797. | 4 | 00 00 |
| | 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E. | 5 | 00 00 |
| | 6 Farm income or (loss). Include federal Schedule F. | 6 | 00 00 |
| | 7 Unemployment compensation | 7 | 00 00 |
| | 8 Other income. List type and amount. | 8 | 00 00 |
| | 9 Combine lines 1 through 8. Enter the total on page 1, line 8. | 9 | -24478 00 00 |
| Adjustments to Income | 10 Educator expenses | 10 | 00 00 |
| | 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Include federal Form 2106. | 11 | 00 00 |
| | 12 Health savings account deduction. Include federal Form 8889. | 12 | 00 00 |
| | 13 Moving expenses for members of the Armed Forces. Include federal Form 3903. | 13 | 00 00 |
| | 14 Deductible part of self-employment tax. Include federal Schedule SE. | 14 | 00 00 |
| | 15 Self-employed SEP, SIMPLE, and qualified plans | 15 | 00 00 |
| | 16 Self-employed health insurance deduction | 16 | 00 00 |
| | 17 Penalty on early withdrawal of savings | 17 | 00 00 |
| | 18a Alimony paid | 18a | 00 00 |
| | 18b Recipient's SSN 18b | | |
| | 18c Date of original divorce or separation agreement 18c | | |
| | 19 IRA deduction | 19 | 00 00 |
| | 20 Student loan interest deduction | 20 | 00 00 |
| | 21 Tuition and fees. Include Form 8917 | 21 | 00 00 |
| | 22 Add lines 10 through 21. Enter the total on page 1, line 10a. Mark if including federal write-ins. | 22 | 00 00 |

Net Operating Loss Election for Tax Years 2018, 2019, and 2020

If you do not want to carry back one or more of your net operating losses incurred in 2018, 2019, or 2020, mark the box for the corresponding tax year:

| | | |
|------|------|------|
| 2018 | 2019 | 2020 |
|------|------|------|

If you incurred several net operating losses during this time period, you may elect to waive the carryback period for one year and not the other.

Montana Medical Savings Account (MSA) Schedule

If you have an MSA, you must report your beginning and ending balance each year.

| | | A | B |
|-------------------------------------|--|---|-------|
| Subtraction | 1 Beginning balance. If this is a new account, enter 0. | 1 | 00 00 |
| | 2 Total contributions for the year | 2 | 00 00 |
| | 3 Earnings from the account: interest, dividends, capital gains, etc. | 3 | 00 00 |
| | 4 Add lines 2 and 3. Enter the total on Subtractions Schedule, line 15. (See page 5) | 4 | 00 00 |
| | 5 Ending balance. Enter your ending balance as shown on your year-end account statement. | 5 | 00 00 |
| Nonqualified Withdrawal and Penalty | 1 Total withdrawals made during the year | 1 | 00 00 |
| | 2 Withdrawals for eligible expenses (See instructions) | 2 | 00 00 |
| | 3 Nonqualified withdrawals. Subtract line 2 from line 1. Enter the total on Additions Schedule, line 6. | 3 | 00 00 |
| | 4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions) | 4 | 00 00 |
| | 5 Nonqualified withdrawals subject to penalty. Subtract line 4 from line 3. | 5 | 00 00 |
| | 6 Penalty. Multiply line 5 by 10% (0.10) and include the total on Contributions, Penalties, and Interest Schedule, line 5 (See page 11) | 6 | 00 00 |



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Montana Additions Schedule

Enter your additions to Federal Adjusted Gross Income on the corresponding lines.

| | | A | B |
|--------------------|---|----|-------|
| General Additions | 1 Recovery of federal income tax deducted in 2019 (See worksheet below) | 1 | 00 00 |
| | 2 Other recoveries of amounts deducted in earlier years that reduced Montana taxable income | 2 | 00 00 |
| | 3 Interest and mutual fund dividends from state, county, or municipal bonds from other states | 3 | 00 00 |
| | 4 Dividends not included in Federal Adjusted Gross Income | 4 | 00 00 |
| | 5 Adjustment for smaller federal estate and trust taxable distributions | 5 | 00 00 |
| | 6 Montana medical savings account nonqualified withdrawals (See page 3) | 6 | 00 00 |
| | 7 First-time home buyer savings account nonqualified withdrawals | 7 | 00 00 |
| | 8 Allocation of compensation to spouse in sole proprietorship | 8 | 00 00 |
| | 9 Federal net operating loss deduction | 9 | 00 00 |
| | 10 Dependent care assistance credit adjustment | 10 | 00 00 |
| Business Additions | 11 Farm and ranch risk management account taxable distributions | 11 | 00 00 |
| | 12 Enter your total additions from Montana Schedules K-1 (PTE), part 3, column I, line 1 | 12 | 00 00 |
| | 13 Title plant depreciation and amortization | 13 | 00 00 |
| | 14 Other additions. Specify: | 14 | 00 00 |
| Total Retirement | 15 Subtotal to figure taxable Social Security benefits. Combine lines 1 through 14. | 15 | 00 00 |
| | 16 Addition to taxable Social Security benefits (See page 6) | 16 | 00 00 |
| | 17 Add lines 15 and 16, and enter the total on page 1, line 12 | 17 | 00 00 |
| | This is your total additions to Federal Adjusted Gross Income. | | |

Recovery of Federal Income Tax Deducted in 2019

Worksheet

If you chose the standard deduction in 2019, your refund is not taxable. Do not complete this worksheet.

| | A | B |
|---|----|-------|
| 1 Enter your total federal taxes paid in 2019 as reported on your 2019 Form 2, Itemized Deductions Schedule, lines 4a through 4d | 1 | 00 00 |
| 2 Enter the federal income tax refund you received in 2020 | 2 | 00 00 |
| 3 Enter any refundable credits claimed on your 2019 federal Form 1040 | 3 | 00 00 |
| 4 Subtract line 3 from line 2. This is the portion of your federal refund that is a result of taxes you paid. | 4 | 00 00 |
| If the result is zero or less, stop here. Your federal refund is not taxable. | | |
| 5 Enter the amount reported on your 2019 Form 2, Itemized Deductions Schedule, line 4 | 5 | 00 00 |
| 6 Enter the federal income taxes included on line 12b of your 2019 federal Form 1040 | 6 | 00 00 |
| 7 Subtract line 4 from line 1 and enter the result here, but not less than zero | 7 | 00 00 |
| 8 Subtract line 7 from line 5 | 8 | 00 00 |
| 9 Subtract line 6 from line 5 | 9 | 00 00 |
| 10 Enter the lesser of line 9 or line 8. This is the amount of taxes you deducted that were refunded to you. | 10 | 00 00 |
| If the result is zero or less, stop here. Your federal refund is not taxable. | | |
| 11 Enter the amount reported on your 2019 Form 2, Itemized Deductions Schedule, line 19 | 11 | 00 00 |
| 12 Enter your Montana Adjusted Gross Income from 2019 Form 2, page 1, line 11 | 12 | 00 00 |
| 13 Calculate the 2019 standard deduction: | | |
| • If your filing status was single or married filing separately, enter 20% (0.20) of line 12, but not less than \$2,090 or more than \$4,710. | | |
| • If your filing status was married filing jointly or head of household, enter 20% (0.20) of line 12, but not less than \$4,180 or more than \$9,420. | 13 | 00 00 |
| 14 Subtract line 13 from line 11 | 14 | 00 00 |
| If the result is zero or less, stop here. Your federal refund is not taxable. | | |
| 15 If your 2019 taxable income was less than zero, enter your 2019 taxable income as a negative number. Otherwise enter 0. | 15 | 00 00 |
| 16 Add line 15 to the smaller of line 10 or line 14. If the result is less than zero, enter 0. Enter here and on the Additions Schedule, line 1. | | |
| This is your recovery of federal income tax deducted in 2019. | 16 | 00 00 |



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Montana Subtractions Schedule

Enter your subtractions from Federal Adjusted Gross Income on the corresponding lines.

| | | A | B |
|-----------------------|---|-----|-------|
| General Subtractions | 1 State income tax refunds included on Schedule 1, line 1 (See page 3) | 1 | 00 00 |
| | 2 Interest and mutual fund dividends from federal bonds, notes and obligations | 2 | 00 00 |
| | 3 Partial interest exemption for taxpayers 65 and older | 3 | 00 00 |
| | 4 Adjustment for larger federal estate and trust taxable distribution | 4 | 00 00 |
| | 5 Exemption for certain income of child taxed to parent | 5 | 00 00 |
| | 6 Recoveries of amounts deducted in earlier years that did not reduce Montana income tax | 6 | 00 00 |
| | 7 Unemployment compensation | 7 | 00 00 |
| Employment | 8 Exempt tribal income. Include Form ETM. | 8 | 00 00 |
| | 9 Certain taxed tips and gratuities | 9 | 00 00 |
| | 10 Workers' compensation benefits | 10 | 00 00 |
| | 11 Certain health insurance premiums taxed to employee | 11 | 00 00 |
| | 12a Student loan repayments for health care professional included in gross income | 12a | 00 00 |
| Military | 12b Student loan repayments for educator included in gross income | 12b | 00 00 |
| | 13 Military salary of active duty servicemembers | 13 | 00 00 |
| | 14 Life insurance premiums reimbursement or death benefits for National Guard and Reservist | 14 | 00 00 |
| Savings Accounts | 15 Montana medical savings account deposits and earnings (See page 3) | 15 | 00 00 |
| | 16 First-time home buyer savings account deposits and earnings. Include Form FTB. | 16 | 00 00 |
| | 17 Family education savings account (529) deposits (up to \$3,000 per taxpayer) | 17 | 00 00 |
| | 18 Achieving a Better Life Experience Act (ABLE) account deposits (up to \$3,000 per taxpayer) | 18 | 00 00 |
| Status | 19 Carryover of capital losses incurred prior to 2007 | 19 | 00 00 |
| | 20 Carryover of passive losses incurred prior to 2007 | 20 | 00 00 |
| | 21 Allocation of compensation to spouse in sole proprietorship | 21 | 00 00 |
| Business Subtractions | 22 Montana net operating loss carryover from Montana NOL Schedule | 22 | 00 00 |
| | 23 Business-related expenses for purchasing recycled material. Include Form RCYL. | 23 | 00 00 |
| | 24 Business expenses not included on page 1, line 11, due to an existing federal credit taken. (Do not include depreciation deductions) | 24 | 00 00 |
| | 25 Certain expenses incurred by medical marijuana providers (See instructions) | 25 | 00 00 |
| | 26 Sales of land to beginning farmers | 26 | 00 00 |
| | 27 Capital gains and dividends from small business investment companies | 27 | 00 00 |
| | 28 Certain gains recognized by liquidating corporation | 28 | 00 00 |
| | 29 Farm and ranch risk management account deposits. Include Form FRM. | 29 | 00 00 |
| | 30 Donation of mineral exploration information | 30 | 00 00 |
| | 31 Gain on eligible sale of mobile home park. Include Form MHPE. | 31 | 00 00 |
| Retirement | 32 Enter your total subtractions from Montana Schedules K-1 (PTE), part 3, column I, line 2 | 32 | 00 00 |
| | 33 Partial retirement disability income exemption for taxpayers under age 65 | 33 | 00 00 |
| | 34 Federal taxable Tier II Railroad Retirement benefits entered on page 1, line 5b | 34 | 00 00 |
| | 35 Partial pension, annuity, and IRA income exemption (See page 6) | 35 | 00 00 |
| | 36 Subtotal to figure taxable Social Security benefits. Combine lines 1 through 35. | 36 | 00 00 |
| | 37 Add your subtraction from federal taxable Social Security benefits (See page 6) and your Tier I Railroad Retirement benefits | 37 | 00 00 |
| | 38 Add lines 36 and 37, and enter the total on page 1, line 13. | 38 | 00 00 |
| Total | This is your total subtractions from Federal Adjusted Gross Income. | | |



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Partial Pension, Annuity, and IRA Income Exemption

Worksheet

| | | A | B |
|---|--|--------------|--------------|
| 1 | Maximum exclusion amount | 4 3 7 0 00 | 4 3 7 0 00 |
| 2 | Pension, annuity, and IRA income. Enter the sum of page 1, line 4b and line 5b, reduced by any amount reported on Subtractions Schedule, line 34. If you are married filing jointly, complete a column for each spouse as if filing separately. | 00 | 00 |
| 3 | Enter the smaller of line 1 or line 2. If you are married filing jointly, enter the sum of the smaller of line 1 or line 2 for each spouse in Column A. | 00 | 00 |
| 4 | Enter your Federal Adjusted Gross Income from page 1, line 11. | 00 | 00 |
| 5 | Federal Adjusted Gross Income limitation amount | 3 6 4 2 0 00 | 3 6 4 2 0 00 |
| 6 | Subtract line 5 from line 4 and multiply the result by 2 (x 2). If less than zero, enter 0. | 00 | 00 |
| 7 | Partial pension, annuity, and IRA income exemption. Subtract line 6 from line 3. If less than zero, enter 0. Enter the result on Subtractions Schedule, line 35 (See page 5). | 00 | 00 |
| | This is your partial pension, annuity and IRA income exemption. | | |

Taxable Social Security Benefits

Worksheet

The taxable amount of your Social Security benefits for Montana may be different than for federal purposes.

Complete this worksheet to figure how much you must enter on either the Additions or Subtractions Schedule.

| | | A | B |
|----------------------------------|----|--|----|
| Modified Income | 1 | Total amount from box 5 of all your federal Forms SSA-1099 | 00 |
| | 2 | Multiply line 1 by 50% (0.50) | 00 |
| | 3 | Subtract page 1, line 6b, from page 1, line 9, and enter the result here. (See instructions) | 00 |
| | 4 | Subtract Additions Schedule, line 3, from Additions Schedule, line 15 (See page 4) | 00 |
| | 5 | Enter the amount, if any, from page 1, line 2a | 00 |
| | 6 | Combine lines 2, 3, 4, and 5 | 00 |
| | 7 | Enter Schedule 1, line 22 (See page 3.) Do not include student loan interest deduction. | 00 |
| | 8 | Add the amounts on Subtractions Schedule, line 36 (See page 5) and line 7. | 00 |
| | | If the amount on line 8 is greater than on line 6, none of your Social Security benefits are taxable. Stop here, enter 0 on line 20, and go to line 21. | |
| | 9 | Subtract line 8 from line 6 | 00 |
| Taxable Social Security Benefits | 10 | Enter the amount that corresponds to your filing status. If your filing status is: • Married filing jointly, enter \$32,000 in column A; • Single or head of household, enter \$25,000 in column A; • Married filing separately, enter \$16,000 in columns A and B. | 00 |
| | | If the amount on line 10 is greater than on line 9, none of your Social Security benefits are taxable. Stop here, enter 0 on line 20, and go to line 21. | |
| | 11 | Subtract line 10 from line 9 | 00 |
| | 12 | Enter the amount that corresponds to your filing status. If your filing status is: • Married filing jointly, enter \$12,000 in column A; • Single or head of household, enter \$9,000 in column A; • Married filing separately, enter \$6,000 in columns A and B. | 00 |
| | 13 | Subtract line 12 from line 11. If less than zero, enter 0. | 00 |
| | 14 | Enter the smaller of line 11 or line 12 | 00 |
| | 15 | Multiply line 14 by 50% (0.50) | 00 |
| | 16 | Enter here the smaller of line 2 or line 15 | 00 |
| | 17 | Multiply line 13 by 85% (0.85). If line 13 is zero, enter 0. | 00 |
| | 18 | Add lines 16 and 17 | 00 |
| Adjustments | 19 | Multiply line 1 by 85% (0.85) | 00 |
| | 20 | Enter the smaller of line 18 or 19. This is your Montana taxable Social Security benefits. | 00 |
| | 21 | Enter the federal taxable amount of Social Security benefits that you entered on page 1, line 6b | 00 |
| | 22 | If line 21 equals line 20, the amount of the federal taxable Social Security benefits that you entered on page 1, line 6b, is the same amount that is taxed by Montana. No additions or subtractions are necessary. | |
| | 23 | If line 21 is less than line 20, subtract line 21 from line 20. Enter the result on Additions Schedule, line 16 (See page 4.) This is your additional amount of taxable Social Security benefits. | 00 |
| | 24 | If line 21 is greater than line 20, subtract line 20 from line 21. Enter the result on Subtractions Schedule, line 37 (See page 5.) This is your reduction in taxable Social Security benefits. | 00 |



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Standard Deduction

Worksheet

When filing separately on the same form, each spouse must figure their own deduction.

| | | | A | B |
|---------|---|---|----------|----|
| Maximum | 1 Enter your Montana Adjusted Gross Income from page 1, line 14 | 1 | 53301 00 | 00 |
| | 2 Multiply the amount on line 1 by 20% (0.20) | 2 | 10660 00 | 00 |
| | 3 If you are single or married filing separately, enter \$4,790. If you are married filing jointly or head of household, enter \$9,580. | 3 | 9580 00 | 00 |
| Minimum | 4 Enter the amount from line 2 or line 3, whichever is smaller | 4 | 9580 00 | 00 |
| | 5 If you are single or married filing separately, enter \$2,130. If you are married filing jointly or head of household, enter \$4,260. | 5 | 4260 00 | 00 |
| Total | 6 Enter the amount from line 4 or line 5, whichever is larger, here and on page 1, line 15. | 6 | 9580 00 | 00 |
| | This is your standard deduction. | | | |

Itemized Deductions Schedule

If you choose to itemize your deductions, mark the box on page 1, line 15.

| | | | | | | |
|---|--|----|----------|---------|---|----|
| Medical and Dental Expenses | 1 Medical and dental expenses | 1a | 0 00 | 00 | | |
| | Enter the amount from page 1, line 14 | 1b | 53301 00 | 00 | | |
| | Multiply line 1b by 7.5% (0.075) | 1c | 3998 00 | 00 | A | B |
| | Subtract line 1c from line 1a and enter the total here, but not less than zero. | | | | | |
| | This is your deductible medical and dental expenses subject to a percentage of Montana Adjusted Gross Income. | | | | | |
| | 2 Medical insurance premiums not deducted elsewhere on your return | 2 | 00 | 00 | | |
| | 3 Long-term care insurance premiums not deducted elsewhere on your return | 3 | 00 | 00 | | |
| Federal Tax Paid/Withheld in 2020 | 4 Federal income tax withheld | 4a | 1943 00 | 00 | | |
| | Federal estimated tax payments | 4b | 00 | 00 | | |
| | 2019 federal income taxes paid | 4c | 908 00 | 00 | | |
| | Other back year federal income taxes | 4d | 00 | 00 | | |
| | Add lines 4a through 4d and enter the total here, but not more than \$5,000 if you are single, head of household, or married filing separately; or \$10,000 if you are married filing jointly. | | | | | |
| | This is your federal income tax deduction. | | 4 | 2851 00 | | 00 |
| State and Local Taxes Limited to \$10,000 | 5 General state and local sales taxes | 5a | 00 | 00 | | |
| | Local income taxes | 5b | 00 | 00 | | |
| | Real estate taxes paid | 5c | 1468 00 | 00 | | |
| | Value-based personal property taxes | 5d | 890 00 | 00 | | |
| | Add lines 5a to 5d, enter the total here, but not more than \$10,000 if your status is single, head of household or married filing jointly; or \$5,000 if you are married filing separately. | | | | | |
| | This is your state and local tax deduction. | | 5 | 2358 00 | | 00 |
| Other State Taxes | 6 Montana light vehicle registration fees | 6 | 00 | 00 | | |
| | 7 Per capita livestock fees | 7 | 00 | 00 | | |
| | 8 Other deductible taxes paid. List type and amount: | 8 | 00 | 00 | | |
| Interest | 9 Home mortgage interest and points. If paid to the person from whom you bought the house, provide their name, Social Security Number and address | 9 | 7258 00 | 00 | | |
| | 10 Investment interest. Include federal Form 4952. | 10 | 00 | 00 | | |
| Gifts to Charity | 11 Charitable contributions made by cash or check | 11 | 00 | 00 | | |
| | 12 Charitable contributions made by other than cash or check | 12 | 484 00 | 00 | | |
| | 13 Charitable contribution carryover from the previous year | 13 | 00 | 00 | | |
| Miscellaneous Deductions | 14 Child and dependent care expenses. Include Montana Form 2441-M. | 14 | 00 | 00 | | |
| | 15 Casualty and theft losses. Include federal Form 4684. | 15 | 00 | 00 | | |
| | 16 Political contributions, limited to \$100 per taxpayer | 16 | 00 | 00 | | |
| | 17 Gambling losses allowed under federal law | 17 | 00 | 00 | | |
| | 18 Other miscellaneous deductions. List type and amount: | 18 | 00 | 00 | | |
| Total | 19 Add lines 1 through 18, and enter the total on page 1, line 15. | 19 | 12951 00 | 00 | | |
| | This is your total itemized deductions. | | | | | |



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Resident Part-Year Required Information

Date of Change 06012020

State moved to **MT** State moved from **UT**

Nonresident / Part-Year Resident Ratio Schedule

Enter your Montana source income that is included in Montana Adjusted Gross Income on page 1, line 14.

| | | A | | B |
|--|--|----------|-----------|----|
| Enter your Montana source income that is included in Montana Adjusted Gross Income on page 1, line 14. | | | | |
| Montana Source Income | 1 Wages, salaries, tips, etc. | 1 | 48847 00 | 00 |
| | 2 Interest | 2 | 00 | 00 |
| | 3 Ordinary dividends | 3 | 00 | 00 |
| | 4 Refunds, credits, or offsets of local income taxes | 4 | 00 | 00 |
| | 5 Alimony received | 5 | 00 | 00 |
| | 6 Business income or (loss) | 6 | -24478 00 | 00 |
| | 7 Capital gain or (loss) | 7 | 00 | 00 |
| | 8 Other gains or (losses) | 8 | 00 | 00 |
| | 9 IRAs, pensions, and annuities | 9 | 00 | 00 |
| | 10 Rental real estate, royalties, partnerships, S corporations, trusts, etc. | | | |
| Mark this box if Montana source losses are carried over to next year. (See instructions) | | 10 | 00 | 00 |
| 11 Farm income or (loss) | 11 | 00 | 00 | |
| 12 Social Security benefits | 12 | 00 | 00 | |
| 13 Other income and adjustments to income (See instructions) | 13 | 00 | 00 | |
| 14 Montana source additions to income (See instructions) | 14 | 00 | 00 | |
| 15 Montana source net operating loss (See instructions) | 15 | 00 | 00 | |
| 16 Montana source income. Add lines 1 through 15. | 16 | 24369 00 | 00 | |
| MT AGI | 17 Enter your Montana Adjusted Gross Income from page 1, line 14 | 17 | 53301 00 | 00 |
| Ratio | 18 Divide the amount on line 16 by the amount on line 17. | | | |
| | Round to 6 decimal places and do not enter more than 1.000000. | 18 | 0.457196 | |
| This is your nonresident or part-year resident ratio. | | 18 | 0.457196 | |

Tax Liability Schedule

Full-year residents must skip lines 3a, 3b, and 5. Nonresidents calculate their tax on lines 2 and 3a or compute the tax on their volume of sales on line 3b when eligible.

| the tax on their volume of sales on line 3b when eligible. | | A | B |
|--|--|----|---------|
| Tax Liability | 1 Tax from the tax table below | 1 | 1835 00 |
| | 2 Recapture taxes (See instructions) Code Code | 2 | 00 |
| | 3a Nonresident tax. Multiply line 1 by the nonresident ratio above and add line 2. Enter the total on page 1, line 18. | 3a | 00 |
| | 3b Alternative tax method for certain nonresidents (See instructions) | 3b | 00 |
| | 4 Tax on lump-sum distributions. Include federal Form 4972. | 4 | 00 |
| | 5 Part-year resident tax. Multiply line 1 by the part-year resident ratio above, and add lines 2 and 4. Enter the total on page 1, line 18. | 5 | 839 00 |
| | 6 Resident tax. Add lines 1, 2 and 4, and enter the total on page 1, line 18. | 6 | 00 |

| 2020 Montana Individual Income Tax Rates | | | |
|--|-------------------|------------------------|-------|
| If your taxable income (page 1, line 17) is: | | | |
| More than | But not more than | Then your tax rate is | Less |
| \$0 | \$3,100 | 1% of taxable income | \$0 |
| \$3,100 | \$5,500 | 2% of taxable income | \$31 |
| \$5,500 | \$8,400 | 3% of taxable income | \$86 |
| \$8,400 | \$11,300 | 4% of taxable income | \$170 |
| \$11,300 | \$14,500 | 5% of taxable income | \$283 |
| \$14,500 | \$18,700 | 6% of taxable income | \$428 |
| More than \$18,700 | | 6.9% of taxable income | \$596 |

Example:

Your taxable income is \$25,000.
 $\$25,000 \times 6.9\% (0.069) = \$1,725$
 $\$1,725 - \$596 = \$1,129$ tax



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Nonrefundable Credits Schedule

Enter your nonrefundable credits, including any carryover credits that may be available from 2019.

| | | A | B |
|--|--|----|-------|
| Single Year Credits - No Carryover Provision | 1 Resident capital gains credit. 2% of capital gain entered on page 1, line 7. | 1 | 00 00 |
| | 2 Nonresident/part-year resident capital gains credit. 2% of capital gain entered on Nonresident/Part-Year Resident Ratio Schedule, line 7. (See page 8) | 2 | 00 00 |
| | 3 Credit for an income tax liability paid to another state or country (See schedule below) | 3 | 00 00 |
| | 4 College contribution credit. Include Form CC. | 4 | 00 00 |
| | 5 Qualified endowment credit. Include Form QEC. | 5 | 00 00 |
| | 6 Energy conservation installation credit. Include Form ENRG-C. | 6 | 00 00 |
| | 7 Alternative fuel credit. Include Form AFCR. | 7 | 00 00 |
| | 8 Health insurance for uninsured Montanans credit. Include Form HI. | 8 | 00 00 |
| | 9 Elderly care credit. Include Form ECC. | 9 | 00 00 |
| | 10 Recycle credit. Include Form RCYL. | 10 | 00 00 |
| | 11 Innovative educational program credit | 11 | 00 00 |
| | 12 Student scholarship organization credit | 12 | 00 00 |
| | 13 Apprenticeship credit | 13 | 00 00 |
| | 14 Biodiesel blending and storage credit. Include Form BBSC. | 14 | 00 00 |
| Nonrefundable Credits with Carryover Provision | 15 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here. CGR Account ID: | 15 | 00 00 |
| | 16 Geothermal systems credit. Include Form ENRG-A. | 16 | 00 00 |
| | 17 Alternative energy systems credit. Recognized nonfossil form of energy generation. | 17 | 00 00 |
| | 18 Alternative energy systems credit. Low emission wood or biomass combustion device. Include Form ENRG-B if you are claiming a credit on lines 17 or 18. | 18 | 00 00 |
| | 19 Alternative energy production credit. Include Form AEPC. | 19 | 00 00 |
| | 20 Dependent care assistance credit. Include Form DCAC. | 20 | 00 00 |
| | 21 Historic property preservation credit. Include federal Form 3468. | 21 | 00 00 |
| | 22 Infrastructure users fee credit. Include Form IUFC. | 22 | 00 00 |
| | 23 Empowerment zone credit | 23 | 00 00 |
| | 24 Increasing research activities credit. Include a detailed schedule of the credit carryforward. | 24 | 00 00 |
| | 25 Mineral and coal exploration incentive credit. Include Form MINE-CRED. | 25 | 00 00 |
| | 26 Adoption credit. Include federal Form 8839. | 26 | 00 00 |
| | 27 Media credit. Include Form MEDIA-CLAIM | 27 | 00 00 |
| | 28 Add lines 1 through 27, and enter the total on page 1, line 19. | 28 | 00 00 |

This is your total nonrefundable credits.**Credit for Income Tax Paid to Another State or Country Schedule**

You may have paid income tax on income sourced to another state while a MT resident. Use this schedule to calculate this credit. You cannot claim this credit if a foreign tax credit is claimed for federal tax purposes.

| | | A | B |
|---|---|----|-------|
| Credit for Taxes Paid to Another State or Country | 1 Enter your income sourced and taxable to another state or country that is included in your Montana Adjusted Gross Income or in your Montana source income if a part-year resident. (See instructions) | 1 | 00 00 |
| | 2 Enter all income sourced and taxable to the other state or country. Enter state's abbreviation. | 2 | 00 00 |
| | 3 Enter your income sourced and taxable to Montana. If a full-year resident, enter page 1, line 14. If a part-year resident, enter Nonresident/Part-Year Resident Ratio Schedule, line 16. (See page 8) | 3 | 00 00 |
| | 4 Enter your total income tax liability paid to the other state or country (See instructions) | 4 | 00 00 |
| | 5 Enter your Montana tax liability (See instructions) | 5 | 00 00 |
| | 6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%. | 6 | 00 00 |
| | 7 Multiply line 4 by line 6 | 7 | 00 00 |
| | 8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%. | 8 | 00 00 |
| | 9 Multiply line 5 by line 8. (If you have capital gains included on line 1, see instructions.) | 9 | 00 00 |
| | 10 Enter the smaller of the amounts on lines 4, 7, or 9 here and on Nonrefundable Credits Schedule, line 3 (See above.) This is your credit for income tax paid to another state or country. | 10 | 00 00 |



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Elderly Homeowner/Renter Credit Schedule

When you claim this credit, you attest that:

- You are 62 or older as of December 31, 2020;
- Your gross household income of all household members is less than \$45,000 for the tax year;
- You have lived in Montana for at least nine months during the tax year; and
- You occupied a Montana residence as a renter, owner or lessee for at least six months during the tax year.

Enter physical address of Montana residence
(if different than mailing address entered on Form 2)

Address

City

| | | | | | |
|-------------------------------|----|--|----|------------------|----|
| | | For lines 1-9, use the amounts reported on Forms 2, page 1 for all members of the household. (See instructions) | | Household | |
| Gross Household Income | 1 | Enter the Federal Adjusted Gross Income from line 11 | 1 | | 00 |
| | 2 | Enter the tax-exempt interest from line 2a | 2 | | 00 |
| | 3 | Enter any IRA distributions reported on line 4a not included on line 4b. Do not include any rollovers. | 3 | | 00 |
| | 4 | Enter any pensions and annuities reported on line 5a not included on line 5b | 4 | | 00 |
| | 5 | Subtract the taxable Social Security benefits reported on line 6b from the amount on line 6a | 5 | | 00 |
| | 6 | Social Security payments not reported, except when paid directly to a nursing home | 6 | | 00 |
| | 7 | Refundable credits received, including the elderly homeowner/renter credit received in 2020 | 7 | | 00 |
| | 8 | Other income not included above (See instructions) | 8 | | 00 |
| | 9 | Enter all losses included in the Federal Adjusted Gross Income on line 11 (See instructions) | 9 | | 00 |
| | 10 | Add lines 1 through 9. This is your gross household income. | 10 | | 00 |
| Net Household Income | 11 | Your standard exclusion is entered here for you. | 11 | 6300 | 00 |
| | 12 | Subtract line 11 from line 10 and enter the result here, but not less than zero | 12 | | 00 |
| | 13 | Enter your multiplier rate from the Household Income Reduction Table (See table below) | 13 | | |
| | 14 | Multiply line 12 by line 13. This is your net household income. | 14 | | 00 |
| Credit Computation | 15 | Enter the property tax that you were billed for your Montana residence and up to one acre in 2020 | 15 | | 00 |
| | 16 | Enter the rent that you paid in 2020 for your Montana residence | 16 | | 00 |
| | 17 | Multiply line 16 by 15% (0.15) | 17 | | 00 |
| | 18 | Add lines 15 and 17 | 18 | | 00 |
| | 19 | Subtract line 14 from line 18 and enter the result here, but not less than zero | 19 | | 00 |
| | 20 | Enter the lesser of line 19 or \$1,000 | 20 | | 00 |
| | 21 | Enter the percentage from the Credit Multiplier Table that corresponds to your gross household income (See table below) | 21 | | |
| | 22 | Multiply line 20 by the percentage on line 21, and enter the total here and on Other Payments and Refundable Credits Schedule, line 6. (See page 11.) This is your elderly homeowner/renter credit. | 22 | | 00 |

To claim the Elderly Homeowner/Renter Credit, you must include pages 1, 2, 10, 11, and any other pages used to complete your return.

Long-Term Care Facility Rent Calculation

Worksheet

| | | | | | |
|-----------------|---|---|---|--|----|
| LTC Rent | 1 | Total payment to the facility | 1 | | 00 |
| | 2 | If you received board services (meals, housekeeping, laundry, transportation), multiply line 1 by 20% (0.20) | 2 | | 00 |
| | 3 | If you received care (nursing care, assisted living care, memory care), multiply line 1 by 30% (0.30) | 3 | | 00 |
| | 4 | Subtract lines 2 and 3 from line 1. This is your rent. Enter here and on line 16 of the schedule above. | 4 | | 00 |

Household Income Reduction Table – If your household income on line 12 is:

| At least | But not more than | Multiplier | At least | But not more than | Multiplier |
|----------|-------------------|------------|----------|-------------------|------------|
| \$0 | \$1,999 | 0 | \$7,000 | \$7,999 | 0.035 |
| \$2,000 | \$2,999 | 0.006 | \$8,000 | \$8,999 | 0.039 |
| \$3,000 | \$3,999 | 0.016 | \$9,000 | \$9,999 | 0.042 |
| \$4,000 | \$4,999 | 0.024 | \$10,000 | \$10,999 | 0.045 |
| \$5,000 | \$5,999 | 0.028 | \$11,000 | \$11,999 | 0.048 |
| \$6,000 | \$6,999 | 0.032 | \$12,000 | and greater | 0.05 |

Credit Multiplier Table

| If line 10 is: | Multiplier |
|----------------------|-------------|
| Less than \$35,000 | 1.00 (100%) |
| \$35,000 to \$37,500 | 0.40 (40%) |
| \$37,501 to \$40,000 | 0.30 (30%) |
| \$40,001 to \$42,500 | 0.20 (20%) |
| \$42,501 to \$44,999 | 0.10 (10%) |
| \$45,000 and greater | 0.00 (0%) |



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Other Payments and Refundable Credits Schedule

Withholding reported on Forms W-2 and 1099 must be entered on page 1, line 21.

| Other Payments and Refundable Credits | | | A | B |
|--|---|---|----|----|
| | 1 | 2020 estimated tax payments | 00 | 00 |
| | 2 | Overpayment applied from 2019 return | 00 | 00 |
| | 3 | Total withholding from Montana Schedules K-1 | 00 | 00 |
| | 4 | Emergency lodging credit. Include Form ELC. | 00 | 00 |
| | 5 | Unlocking public lands credit | 00 | 00 |
| | 6 | Elderly homeowner/renter credit (See schedule on page 10, line 22) | 00 | 00 |
| | 7 | Other payments (See instructions) | 00 | 00 |
| | 8 | Add lines 1 through 7, enter on page 1, line 22. This is your other payments and refundable credits. | 00 | 00 |

Contributions, Penalties, and Interest Schedule

Enter any voluntary contributions to check-off programs, penalties, and interest on the corresponding lines.

| | | A | | | | | | B | | | | | | |
|-------------------------------|---|---|---|--------------------------|------|---|----|--------------|----|-----|------|------|----|--------------|
| Contributions | 1 | Nongame Wildlife Program | a | \$5 | \$10 | \$20 | 00 | other amount | a | \$5 | \$10 | \$20 | 00 | other amount |
| | | Child Abuse Prevention | b | \$5 | \$10 | \$20 | 00 | other amount | b | \$5 | \$10 | \$20 | 00 | other amount |
| | | Agriculture Literacy in MT Schools | c | \$5 | \$10 | \$20 | 00 | other amount | c | \$5 | \$10 | \$20 | 00 | other amount |
| | | MT Military Family Relief Fund | d | \$5 | \$10 | \$20 | 00 | other amount | d | \$5 | \$10 | \$20 | 00 | other amount |
| | | | | | | | | | | | | | | |
| | | A | | | | | | B | | | | | | |
| Total voluntary contributions | | | | | | | | 1 | 00 | | | | | |
| Amend | 2 | If filing an amended return, enter overpayments already refunded or applied to 2021 | | | | | | 2 | 00 | | | | | |
| | 3 | Interest on underpayment of estimated taxes (See worksheet below) | | | | | | 3 | 00 | | | | | |
| | | If applicable, mark the appropriate box | | 2/3 farming gross income | | Estimated payments were made using the annualization method | | | | | | | | |
| | 4 | Late file penalty, late payment penalty and interest (See instructions) | | | | | | 4 | 00 | | | | | |
| | 5 | Other penalties (See instructions) | | | | | | 5 | 00 | | | | | |
| Penalties and Interest | 6 | Add lines 1 through 5, and enter the total on page 1, line 24. | | | | | | | | | | | | |
| | | This is your contributions, penalties, and interest. | | | | | | 6 | 00 | | | | | |

Calculation of Interest on Underpayment of Estimated Taxes - Short Method

Worksheet

If you are filing separately on the same form, combine column A and B for each of the calculations.

| | | | | |
|---|----|--|----|----|
| \$500 Threshold | 1 | Total tax due reported on page 1, line 20 | 1 | 00 |
| | 2 | Montana tax withheld on Forms W-2 and 1099 reported on page 1, line 21 | 2 | 00 |
| | 3 | Combine the amounts on Other Payments and Refundable Credits Schedule, lines 2 through 6 (See schedule above) | 3 | 00 |
| | 4 | Add lines 2 and 3 | 4 | 00 |
| | 5 | Subtract line 4 from line 1 | 5 | 00 |
| If your result is \$500 or less, stop here; you do not owe interest on your underpayment. | | | | |
| Underpayment for 2020 | 6 | Multiply line 1 by 90% (0.90) | 6 | 00 |
| | 7 | Income tax liability that you entered on your 2019 Form 2, page 1, line 17 | 7 | 00 |
| | 8 | Enter the smaller of line 6 or line 7 | 8 | 00 |
| | 9 | Add the amount on line 4 above and Other Payments and Refundable Credits Schedule, line 1 (See schedule above) | 9 | 00 |
| | 10 | Subtract line 9 from line 8. | 10 | 00 |
| This is your total underpayment for 2020. | | | | |
| If the result is zero or less, stop here; you do not owe interest on your underpayment. | | | | |
| Interest | 11 | Multiply line 10 by 1.81% (0.0181) | 11 | 00 |
| | 12 | If you paid the amount on line 10 on or after April 15, 2021, enter 0. If you paid the amount on line 10 before April 15, multiply the amount on line 10 by the number of days you paid before April 15 and then by 0.0000822. | 12 | 00 |
| | 13 | Subtract line 12 from line 11, and enter on Contributions, Penalties, and Interest Schedule, line 3. (See schedule above) | 13 | 00 |
| This is your interest on the underpayment of estimated taxes. | | | | |



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Charitable Deduction Limits Worksheet For Current Year Contributions

2020

► Keep for your records

Name(s) Shown on Return
Candy & Scott Williams

Social Security Number
[REDACTED] -9938

Step 1 — Enter your other charitable contributions made during the year.

| | | |
|--|---|------|
| 1 Enter your cash contributions to 100% limit organizations | 1 | |
| 2 Enter your contributions of capital gain property "for the use of" any qualified organization | 2 | |
| 3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line | 3 | |
| 4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line | 4 | |
| 5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. | 5 | |
| 6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line | 6 | 484. |
| 7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line | 7 | |

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

| | | |
|--|---|---------|
| 8 Enter your adjusted gross income (AGI) | 8 | 53,301. |
|--|---|---------|

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

| | | |
|---|----|--|
| 9 Multiply line 8 by 0.6 | 9 | |
| 10 Deductible amount. Enter the smaller of line 7 or line 9. | 10 | |
| 11 Carryover. Subtract line 10 from line 7. | 11 | |

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

| | | |
|--|----|---------|
| 12 Multiply line 8 by 0.5 | 12 | 26,651. |
| 13 Subtract line 10 from line 12 | 13 | 26,651. |
| 14 Deductible amount. Enter the smaller of line 6 or line 13. | 14 | 484. |
| 15 Carryover. Subtract line 14 from line 6. | 15 | 0. |

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

| | | |
|---|----|--|
| 16 Multiply line 8 by 0.5 | 16 | |
| 17 Add lines 5, 6, and 7. | 17 | |
| 18 Subtract line 17 from line 16 | 18 | |
| 19 Multiply line 8 by 0.3 | 19 | |
| 20 Add lines 3 and 4 | 20 | |
| 21 Deductible amount. Enter the smallest of line 18, 19, or 20 | 21 | |
| 22 Carryover. Subtract line 21 from line 20 | 22 | |

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

| | | |
|--|----|--|
| 23 Multiply line 8 by 0.5 | 23 | |
| 24 Add lines 6 and 7 | 24 | |
| 25 Subtract line 24 from line 23 | 25 | |
| 26 Multiply line 8 by 0.3 | 26 | |
| 27 Deductible amount. Enter the smallest of line 5, 25, or 26 | 27 | |
| 28 Carryover. Subtract line 27 from line 5. | 28 | |

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

| | | |
|---|----|--|
| 29 Multiply line 8 by 0.5 | 29 | |
| 30 Add lines 10, 14, 21, and 27 | 30 | |

| | | | | |
|----|--|----|--|--|
| 31 | Subtract line 30 from line 29 | 31 | | |
| 32 | Multiply line 8 by 0.3 | 32 | | |
| 33 | Subtract line 21 from line 32 | 33 | | |
| 34 | Subtract line 27 from line 32 | 34 | | |
| 35 | Multiply line 8 by 0.2 | 35 | | |
| 36 | Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35 | 36 | | |
| 37 | Carryover. Subtract line 36 from line 2 | 37 | | |

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

| | | | | |
|----|--|----|--|--|
| 38 | Enter the amount from line 8 | 38 | | |
| 39 | Add lines 10, 14, 21, 27, and 36 | 39 | | |
| 40 | Subtract line 39 from line 38 | 40 | | |
| 41 | Deductible amount. Enter the smaller of line 1 or line 40 | 41 | | |
| 42 | Carryover. Subtract line 41 from line 1 | 42 | | |

G Deduction for the year

| | | | | |
|----|--|----|------|----|
| 43 | Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. | 43 | 484. | |
| 44 | Carryover to next year. Add lines 11, 15, 22, 28 and 37 | 44 | | 0. |

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

2020

- Keep for your records

| | |
|---|---|
| Name(s) Shown on Return Candy & Scott Williams | Social Security Number [REDACTED]-9938 |
|---|---|

| | | | |
|---|--|---|--|
| 1 | Enter your cash contributions to 100% limit organizations | 1 | |
| 2 | Enter your contributions of capital gain property "for the use of" any qualified organization | 2 | |
| 3 | Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line | 3 | |
| 4 | Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line | 4 | |
| 5 | Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. | 5 | |
| 6 | Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line | 6 | |
| 7 | Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line | 7 | |

| | | | | | |
|----------|--|------------|--------------|----------|---------|
| 8 | Enter your adjusted gross income (AGI) | | | 8 | 53,301. |
| | | Percentage | Used in | | |
| | | of line 8 | Current Year | | |
| a | 60% AGI limit to line 9 | 31,981. | Less 0. | a | 31,981. |
| b | 50% AGI limit to line 12 | 26,651. | Less 484. | b | 26,167. |
| c | 30% AGI limit, Section C to line 19 | 15,990. | Less 0. | c | 15,990. |
| d | 30% AGI limit, Section D to line 26 | 15,990. | Less 0. | d | 15,990. |
| e | 20% AGI limit to line 35 | 10,660. | Less 0. | e | 10,660. |

| | | | | |
|----|--|----|--|--|
| 9 | Multiply line 8 by 0.6 | 9 | | |
| 10 | Deductible amount. Enter the smaller of line 7 or line 9. | 10 | | |
| 11 | Carryover. Subtract line 10 from line 7. | 11 | | |

| | | | | |
|----|--|----|--|--|
| 12 | Multiply line 8 by 0.5 | 12 | | |
| 13 | Subtract line 10 from line 12 | 13 | | |
| 14 | Deductible amount. Enter the smaller of line 6 or line 13 | 14 | | |
| 15 | Carryover. Subtract line 14 from line 6 | 15 | | |

| | | | | |
|-----------|--|-----------|--|--|
| 16 | Multiply line 8 by 0.5 | 16 | | |
| 17 | Add lines 5, 6, and 7 | 17 | | |
| 18 | Subtract line 17 from line 16 | 18 | | |
| 19 | Multiply line 8 by 0.3 | 19 | | |
| 20 | Add lines 3 and 4 | 20 | | |
| 21 | Deductible amount. Enter the smallest of line 18, 19, or 20 . . | 21 | | |
| 22 | Carryover. Subtract line 21 from line 20 | 22 | | |

| | | | | |
|-----------|---|-----------|--|--|
| 23 | Multiply line 8 by 0.5 | 23 | | |
| 24 | Add lines 6 and 7 | 24 | | |
| 25 | Subtract line 24 from line 23 | 25 | | |
| 26 | Multiply line 8 by 0.3 | 26 | | |
| 27 | Deductible amount. Enter the smallest of line 5, 25, or 26 . . . | 27 | | |
| 28 | Carryover. Subtract line 27 from line 5 | 28 | | |

29 Multiply line 8 by 0.5. 29

30 Add lines 19, 24, 2, and 27. 30

| | | | | |
|--|--|----|--|--|
| 31 | Subtract line 30 from line 29 | 31 | | |
| 32 | Multiply line 8 by 0.3 | 32 | | |
| 33 | Subtract line 21 from line 32 | 33 | | |
| 34 | Subtract line 27 from line 32 | 34 | | |
| 35 | Multiply line 8 by 0.2 | 35 | | |
| 36 | Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35 | 36 | | |
| 37 | Carryover. Subtract line 36 from line 2 | 37 | | |
| F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers) | | | | |
| (If line 1 is zero, leave lines 38 through 42 blank) | | | | |
| 38 | Enter the amount from line 8 | 38 | | |
| 39 | Add lines 10, 14, 21, 27, and 36 | 39 | | |
| 40 | Subtract line 39 from line 38 | 40 | | |
| 41 | Deductible amount. Enter the smaller of line 1 or line 40 | 41 | | |
| 42 | Carryover. Subtract line 41 from line 1 | 42 | | |
| G Deduction for the year | | | | |
| 43 | Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. | 43 | | |
| 44 | Carryover to next year. Add lines 11, 15, 22, 28 and 37 | 44 | | |
| Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year. | | | | |

Montana Information Worksheet

2020

► Keep for your own records

Part I – Personal Information

Taxpayer:

First Name Candy
 Middle Initial
 Last Name Williams
 Suffix
 Social Security No. . . - 9938
 Date of Birth / 1973
 Date of Death
 Daytime Phone (801) 694-5409 * ☒
 Home Phone * ☐

Spouse:

First Name Scott
 Middle Initial
 Last Name Williams
 Suffix
 Social Security No. . . - 0922
 Date of Birth / 1957
 Date of Death
 Daytime Phone * ☐

* Check one of these boxes to print daytime phone number on the government forms.

Street Address . . . 11423 Spotted Fawn Ln Apartment
 City Bigfork State . MT ZIP Code . . 59911-7335
 Foreign province/county . . Foreign Postal Code
 Foreign country . . .

Part II – Resident Status

☐ Full-Year Resident filing Form 2 ►
☐ Nonresident filing Form 2 ►
☒ Part-Year Resident filing Form 2 ►
 Nonresidents and Part-Year residents must complete page 7, Nonresident/Part-Year
 Resident Ratio Schedule ► ☐
 Date of change . . . 06/01/2020 State moved to . . . MT
 State moved from . . UT

Part III – Filing Status

☐ Single
☒ Married filing joint return
☐ Married and both filing separate returns on the same form
☐ Married filing separately on separate forms
☐ Married filing separate return and spouse not filing
☐ Head of Household

Part IV – Other Information

Number of adopted children . . .
☐ Mail Montana state tax forms and instructions to you next year?
☐ Extend Montana tax return? This does **not** extend the time to pay
☐ Is taxpayer legally blind?
☐ Is spouse legally blind?
☐ Is at least 2/3 of your gross income from farming or ranching?
☐ Do you want the MT DOR to calculate the underpayment penalty?
☐ Married filing separately and spouse itemizes deductions?

Third Party Designee:

Yes ☐ No ☒ Do you want to allow another person to discuss your return with the Montana Department of
 Revenue? If yes, enter the person's name
 Telephone

Part V – Direct Deposit Information or Direct Debit Information**Yes No**☒ ☐ Use **direct deposit** for state refund☐ ☐ Use **direct debit** of state tax payment (Electronic Filing Only)

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) America First

Check the appropriate box:

☒ CheckingRouting number . . 324377516☐ SavingsAccount number . . 6141

Enter the payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions**Yes No**☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?**Part VI – Extension Status****Yes No**☐ ☒ Tax return due date extended? Date of extension _____**QuickZoom** here to *IT-EXT*: Extension Payment Voucher ► _____**Part VII – Amended Return**☐ Is this a Montana amended return?

Tax Year amending _____

Previous Montana payment made _____

Previous Montana refund received _____

QuickZoom here to *Form 2*: Amended Return Information ► _____**QuickZoom** here to *Form 2*: Individual Income Tax Return ► _____

Tax Payments Worksheet

2020

► Keep for your records

| | |
|--------------------------------|--|
| Name Candy & Scott Williams | Social Security Number [REDACTED] -9938 |
|--------------------------------|--|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|-------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | | |
| 7 | Amount paid with current year extension | | |
| 8 | Total tax payments | | |

Income Taxes Withheld for the Current Year

| | Taxpayer | | Spouse |
|---|----------|-----------|--------|
| 9 State withholding on Forms W-2 | 1,230. | | |
| 10 State withholding on Forms W-2G | | | |
| 11 State withholding on Forms 1099-R | | | |
| 12 a State withholding on Forms 1099-MISC | | | |
| b State withholding on Forms 1099-NEC | | | |
| c State withholding on Forms 1099-G | | | |
| d State withholding on Forms 1099-K | | | |
| 13 Other state tax withholding | | | |
| 14 Total income tax withheld | 1,230. | | |
| 15 Date return will be filed and balance paid | | 15 | |

othv0501.SCR 07/06/20

Name(s) Shown on Return

Candy & Scott Williams

Your Social Security Number

-9938

Part I 2021 Estimated Tax Amount Options**1 Select One of Five Ways to Calculate the Required Annual Payment for 2021 Estimates:**

- a 100% of **2020** taxes (default, see Tax Help) ☒ 839.
- b 100% of tax on **2021** estimated taxable income ☐ 1,835.
- c 90% of tax on **2021** estimated taxable income ☐ 1,652.
- d Equal to 100% of overpayment (no vouchers) ☐ 391.
- e Enter total amount you want to use for estimates and check box ☐

2 Selected estimated tax amount:

- a 2021 Required Annual Payment based on your choice above 839.
- b Estimated amount of 2021 state income tax withholding and renter or
homeowner credit 1,230.
- c **Total of estimated tax payments required for 2021** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form 2) 391.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply 0. ☐
- f Amount applied to 2021 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 391.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☐ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☒ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

| | 1 Apr 15, 2021 | 2 Jun 15, 2021 | 3 Sep 15, 2021 | 4 Jan 18, 2022 | Total |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| 1 If you have already made payments, enter amounts | | | | | |
| 2 Indicate which payment is due next. (e.g. if it is now April 25, 2021, check col. 2) . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Required Payment | | | | | |
| 4 Overpayment applied | | | | | |
| 5 Net payment due | | | | | |
| 6 Voucher amounts | | | | | |

Part V Changes to Income, Deductions and Withholding for 2021

2020 income and deductions are shown in the '2020 Actual' column below.

***Caution:** For each line in the '2021 Estimated' column, enter the estimated 2021 amount **if different** from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

| | 2020 Actual | *2021 Estimated |
|--|-------------|-----------------|
| 1 Montana adjusted gross income | 53,301. | |
| 2 Montana itemized deductions or standard deduction | 12,951. | |
| 3 a Total number of exemptions | 2 | |
| b Multiply exemptions on line 3a by \$2,560 | 5,120. | |
| 4 Lump-sum distribution tax (10% of federal lump-sum distribution tax) | | |
| 5 Credits against tax (do not include income tax withholding or refundable credits) | | |
| 6 a Montana tax withholding | 1,230. | |
| b Refundable credits | | |
| c Total amount of Montana income tax withholding and refundable credits (Total of 6a and 6b) | 1,230. | |

Part VI 2021 Estimated Taxable Income and Tax

| | | |
|--|-----|---------|
| 1 Enter total amount of Montana adjusted gross income expected in 2021 | 1 | 53,301. |
| 2 Enter estimated amount of: | | |
| a 2021 itemized deductions or standard deduction* | 2 a | 12,951. |
| b Enter 2021 exemption amount, \$2,560 for each allowable exemption | b | 5,120. |
| Total of 2a and 2b | 2 | 18,071. |
| 3 Calculated by subtracting line 2 from line 1. If zero or less, do not go any further. You are not subject to estimated tax, Do not send in coupons | 3 | 35,230. |
| 4 Tax. | | |
| a Figure tax on the amount on line 3 by using the tax table in the instructions | 4 a | 1,835. |
| b Lump-sum distribution tax (10% of federal lump-sum distribution tax) | b | |
| Total of 4a and 4b | 4 | 1,835. |
| 5 Credits against tax. Do not include income tax withholding on this line | 5 | |
| 6 Subtract line 5 from line 4 | 6 | 1,835. |

Tax Summary
► Keep for your records

2020

| | | |
|--|-----------------|--|
| Name(s) Candy & Scott Williams | | SSN [REDACTED]-9938 |
| | Taxpayer | Spouse (If married filing separate on combined form) |
| Federal | | |
| Adjusted Gross Income | 53,301. | |
| Additions to income | 0. | |
| Reductions to income | 0. | |
| Montana | | |
| Adjusted Gross Income | 53,301. | |
| Itemized | | |
| or standard deduction | 12,951. | |
| Exemptions | 5,120. | |
| Taxable income | 35,230. | |
| Total tax | 839. | |
| Total payments and credits | 1,230. | |
| Penalty, interest | 0. | |
| Contributions | 0. | |
| Amount overpaid | 391. | |
| Amount credited to estimate | 0. | |
| Refunded to you | 391. | |
| Balance due | | |

MONTANA
Pro Delegation Worksheet

2020

Check this box if you are PRO

☐

Enter preparer code from Firm/Preparer Info (See Help) . . . _____

PDF ATTACHMENTS

| Attachment | | Type | File Name | PDF Name | Entity | Version | | |
|-------------|--|------|-----------|----------|--------|---------|--|--|
| Description | | | | | Key | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Smart Worksheets From 2020 Montana Tax Return

SMART WORKSHEET FOR: Form 2 (Copy 1)

| Montana Earned Income Tax Credit Reduction Worksheet | |
|--|--|
| <p>IMPORTANT: If prior year income is being used in the federal return for the calculation of the EITC then prior year income amounts are required for this worksheet.</p> <p>Used Prior Year Income for Federal EITC Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>This worksheet is used ONLY if one or more of the following situations apply. Check any box that is applicable. If the prior year income "Yes" box is checked above, then check any box applicable in the PRIOR tax year.</p> | |
| A | <input checked="checked" type="checkbox"/> Part-year resident of Montana |
| B | <input type="checkbox"/> Enrolled tribal member with Montana tax exempt income |
| C | <input type="checkbox"/> Member of an agricultural organization provided for in section 501(d) |
| D | <input type="checkbox"/> Service member of the armed forces with Montana tax exempt income |
| 1 | Federal EITC from line 23a _____ |
| 2 | Multiply line 1 by 3% (.03) _____ |
| 3 | Federal Earned income used for the calculation of the credit 0 . |
| 4a | Part year resident MT earned income _____ |
| 4b | Enrolled tribal member MT tax exempt income _____ |
| 4c | Agriculture org section 501(d) MT tax exempt income _____ |
| 4d | Armed forces service member MT tax exempt income _____ |
| 5 | Montana Earned income (see tax help) _____ |
| 6 | Divide line 5 by line 3 _____ |
| 7 | Multiply line 2 by line 6. Result is your MT EITC (to line 23b). _____ |

SMART WORKSHEET FOR: Form 2 (Copy 1)

| Federal Tax Paid/Withheld Smart Worksheet | | |
|--|--------|---|
| | A | B |
| A Federal income tax withholding from Forms W-2, W-2G, 1099-G, 1099-NEC, 1099-MISC and 1099-R | 1,943. | |
| B Federal income tax withheld on Schedules K-1 | | |
| C Federal income tax withheld on Forms 1099-INT, 1099-DIV and 1099-OID | | |
| D Federal income tax withheld on Social Security, Railroad | | |
| E Other federal income tax withheld | | |
| F Self-employment taxes included on lines A - E | | |
| G Total 2020 federal income tax withheld | 1,943. | |
| H Federal estimated tax payments made in 2020 | | |
| I Federal estimated tax from Schedules K-1 | | |
| J Other federal estimated tax payments | | |
| K Self-employment taxes included on lines H - J | | |
| L Total federal estimated tax payments made in 2020 | | |
| M Balance of your 2019 federal income tax paid in 2020 | 908. | |
| N Self-employment taxes included on line M | | |
| O Total 2019 federal income tax paid in 2020 | 908. | |
| P Other back year federal income tax paid in 2020 | | |
| Q Other back year self employment taxes included in P | | |
| R Other back year taxes included in P (see instructions). | | |
| S Total back year federal income tax paid in 2020 | | |

SMART WORKSHEET FOR: Form 2 (Copy 1)

| Deductible 2020 Federal Income Tax Smart Worksheet* | |
|---|--------|
| T Federal Form 1040 line 22 (tax after nonrefundable credits) | 2,911. |
| U Less Federal Schedule 2 Part I line 2 (repayment of HCTC excess payments) | |
| V Add Taxes from Federal Schedule 2 Part II line 8 | |
| W Less Taxes from Federal Form 8959 line 18 (Additional Medicare Tax) | |
| X Add IRC 965 net tax liability from Federal Schedule 2 Part II line 9 | |
| Y Total Federal Income Tax for purposes of Montana Deduction | 2,911. |

* Payments for federal income taxes that are calculated in this worksheet are allowed as a Montana itemized deduction.

SMART WORKSHEET FOR: Form 2 (Copy 1)

| Line 4A and Line 4B Reduction Worksheet** | | | | |
|---|--|-------------------|-------------------|------------------|
| Z | 2020 Overpayment is reduction amount (G + L - Y but not less than 0) | 0 . | | |
| | | Original A | Original B | Reduced A |
| i | Line 4a (tax withheld) | 1,943 . | | 1,943 . |
| ii | Line 4b (estimated pay) | | | |
| ** The line 4a and 4b amount(s) will be reduced by any overpayment of the federal income taxes (line Y). The reduction is applied in the order (1) line 4b column A, (2) line 4b column B, (3) line 4a column A, (4) line 4a column B. | | | | |

SMART WORKSHEET FOR: Form 2 (Copy 1)

| Motor Vehicle And Other Personal Property Taxes Smart Worksheet | | |
|--|-----------------|-----------------|
| | Column A | Column B |
| A Motor vehicle(s) taxes | 890 . | |
| B Light Vehicle Registration Fee | | |
| C Other Personal Property Taxes | | |

SMART WORKSHEET FOR: Form 2 (Copy 1)

| Lines 11 and 12 Charitable Contribution Limitation Using Montana AGI | | | |
|---|---------------------|-------------------------|------------------|
| Limited to % of AGI | Contribution | After Limitation | Carryover |
| Note: Row A and B cash contribution amounts will be reduced by page 1, line 10b when the standard deduction is taken on the federal return. Page 1, line 10b amount <u>250.</u> | | | |
| A Cash Contributions 100% | | | |
| less | | | |
| B Cash Contributions 60% | | | |
| less | | | |
| C Non Cash Contributions 50% | 484. | 484. | 0. |
| D Contributions 30% (Non Cap Gain) | | | |
| E Capital Gain Property 30% | | | |
| F Capital Gain Property 20% | | | |
| G Total | 484. | 484. | 0. |
| Line 13 Charitable Contribution Carryover Limitation Using Montana AGI If Montana contribution carryover amounts from previous years differ from the federal amounts, enter updated amounts in the "Contribution" column below. | | | |
| Limited to % of AGI | Contribution | After Limitation | Carryover |
| H Cash Contributions 60% | | | |
| I Non Cash Contributions 50% | | | |
| J Contributions 30% (Non Cap Gain) | | | |
| K Capital Gain Property 30% | | | |
| L Capital Gain Property 20% | | | |
| M Total | | | |

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | | | |
|---|--|-------------------------------|--------------------|---|--|
| Your first name and middle initial Candy | | Last name Williams | | Your social security number [REDACTED] - 9938 | |
| If joint return, spouse's first name and middle initial Scott | | Last name Williams | | Spouse's social security number [REDACTED] - 0922 | |
| Home address (number and street). If you have a P.O. box, see instructions. 11423 Spotted Fawn Ln | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Bigfork | | | State MT | ZIP code 599117335 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> If qualifies for (see instructions): | |
|--|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--|---|----------------|-----------------|
| Attach Sch. B if required. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 78,029. |
| | 2a | Tax-exempt interest | 2b | |
| | 3a | Qualified dividends | 3b | |
| | 4a | IRA distributions | 4b | |
| | 5a | Pensions and annuities | 5b | |
| | 6a | Social security benefits | 6b | |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions. | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 9 | 8 | -24,478. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 53,551. |
| | 10 | Adjustments to income: | | |
| | a | From Schedule 1, line 22 | 10a | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | 250. |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | 250. |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | 53,301. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 24,800. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | 0. |
| 14 | Add lines 12 and 13 | 14 | 24,800. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 28,501. | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions.

Form **1040** (2020)

| | | | |
|--|--|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 3,028. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 3,028. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 117. |
| 21 | Add lines 19 and 20 | 21 | 117. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,911. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 2,911. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,943. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,943. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) No | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,743. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 832. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 832. |
| Direct deposit? See instructions. | b Routing number 3 2 4 3 7 7 5 1 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 6 1 4 1 | | |
| | 36 Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| For details on how to pay, see instructions. | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes. Complete below.** ☒ **No**

Designee's
name ▶

Phone
no. ▶

Personal Identification
number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) ▶

Phone no. (801) 694-5409

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 09/17/21 Initit.cjg.cfp.sp

Form **1040** (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Candy & Scott Williams

Your social security number
[REDACTED] -9938

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | -24,478. |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -24,478. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 09/17/21 Intuit.cq.cfp.sp

Schedule 1 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Candy & Scott Williams

Your social security number

■■■■■-9938

Part I Nonrefundable Credits

| | | | |
|----------|--|----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 117. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 117. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|--|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | Deferral for certain Schedule H or SE filers (see instructions) | 12e | |
| f | Add lines 12a through 12e | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 13 | |

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 3 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

| | | |
|---|---|---|
| Name of proprietor Candy Williams | | Social security number (SSN) -9938 |
| A Principal business or profession, including product or service (see instructions) Consulting | B Enter code from instructions ► 5 4 1 6 0 0 | |
| C Business name. If no separate business name, leave blank. Viking Investment | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ► 11423 Spotted Fawn Ln City, town or post office, state, and ZIP code Bigfork, MT 59911-7335 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► | | |
| G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2020, check here | | <input type="checkbox"/> |
| I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Form(s) 1099? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part I Income

| | | | |
|--|--------------------------|----------|-------------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | <input type="checkbox"/> | 1 | 275. |
| 2 Returns and allowances | | 2 | |
| 3 Subtract line 2 from line 1 | | 3 | 275. |
| 4 Cost of goods sold (from line 42) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | | 5 | 275. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 Gross income. Add lines 5 and 6 | ► | 7 | 275. |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|------------|---------------|--|------------|-----------------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | 282. |
| 9 Car and truck expenses (see instructions). | 9 | 4,016. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | | 21 Repairs and maintenance | 21 | 836. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | 327. |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 14,760. |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | 761. |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 3,771. |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | |
| | | | b Reserved for future use | 27b | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | | 28 | | 24,753. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 29 | | -24,478. |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>3196</u> and (b) the part of your home used for business: <u>280</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 30 | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | 31 | | -24,478. |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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Schedule C (Form 1040) 2020

Part III Cost of Goods Sold (see instructions)

| | |
|-----------|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 |
| 36 | Purchases less cost of items withdrawn for personal use 36 |
| 37 | Cost of labor. Do not include any amounts paid to yourself 37 |
| 38 | Materials and supplies 38 |
| 39 | Other costs 39 |
| 40 | Add lines 35 through 39 40 |
| 41 | Inventory at end of year 41 |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

| | |
|------------|--|
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) ► 01/01/2016 |
| 44 | Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: |
| a | Business 6,985 b Commuting (see instructions) c Other 0 |
| 45 | Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | |
|-----------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 | Total other expenses. Enter here and on line 27a 48 |

Credit for Qualified Retirement Savings Contributions

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
 ► **Go to www.irs.gov/Form8880 for the latest information.**

Name(s) shown on return

Candy & Scott Williams

Your social security number

- 9938



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2003; **(b)** is claimed as a dependent on someone else's 2020 tax return; or **(c)** was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. **Do not** include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received **after** 2017 and **before** the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- 9 Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 1,167. | |
| 3 | 1,167. | |
| 4 | | |
| 5 | 1,167. | |
| 6 | 1,167. | |
| 7 | | 1,167. |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$19,500 | 0.5 | 0.5 | 0.5 |
| \$19,500 | \$21,250 | 0.5 | 0.5 | 0.2 |
| \$21,250 | \$29,250 | 0.5 | 0.5 | 0.1 |
| \$29,250 | \$31,875 | 0.5 | 0.2 | 0.1 |
| \$31,875 | \$32,500 | 0.5 | 0.1 | 0.1 |
| \$32,500 | \$39,000 | 0.5 | 0.1 | 0.0 |
| \$39,000 | \$42,500 | 0.2 | 0.1 | 0.0 |
| \$42,500 | \$48,750 | 0.1 | 0.1 | 0.0 |
| \$48,750 | \$65,000 | 0.1 | 0.0 | 0.0 |
| \$65,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

- 10 Multiply line 7 by line 9
- 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- 12 **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

| | |
|-----------|--------|
| 9 | x 0 .1 |
| 10 | 117. |
| 11 | 3,028. |
| 12 | 117. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form **8880** (2020)

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2020**Attachment
Sequence No. **55**

Name(s) shown on return

Candy & Scott Williams

Your taxpayer identification number

-9938

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|--|------------------------------------|---|
| i | Viking Investment | -9938 | -24,478. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | |
|----|---|----|-------------|--------|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | -24,478. | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | (25,997.) | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 0. | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | 5 | | 0. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | 9 | | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | 10 | | 0. |
| 11 | Taxable income before qualified business income deduction | 11 | 28,501. | |
| 12 | Net capital gain (see instructions) | 12 | 0. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 28,501. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | | 5,700. |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ► | 15 | | 0. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | 16 | (50,475.) | |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | 17 | (0.) | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form **8995** (2020)

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Candy & Scott Williams

| | Five Year Tax History: | | | | |
|---|------------------------|------|------|---------|---------|
| | 2016 | 2017 | 2018 | 2019 | 2020 |
| Filing status | | | | MFS | MFJ |
| Total income | | | | 35,103. | 53,551. |
| Adjustments to income | | | | | 250. |
| Adjusted gross income | | | | 35,103. | 53,301. |
| Tax expense | | | | 3,448. | 4,013. |
| Interest expense . . . | | | | 109. | 7,258. |
| Contributions | | | | 480. | 484. |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | 12,200. | 24,800. |
| Exemption amount . . | | | | 0. | 0. |
| QBI deduction | | | | 0. | 0. |
| Taxable income | | | | 22,903. | 28,501. |
| Tax | | | | 2,557. | 3,028. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | 117. |
| Other taxes | | | | | |
| Payments | | | | 2,426. | 3,743. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | 131. | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 832. |
| Effective tax rate % . . | | | | 7.28 | 5.46 |
| **Tax bracket % | | | | 12.0 | 12.0 |

**Tax bracket % is based on Taxable income.

Smart Worksheets From 2020 Montana Tax Return Attachment

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 11423 Spotted Fawn Ln

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Bigfork MT 59911-7335

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i> | |
|--|--|
| A | QBI worksheet to report (double-click to link) <u>Viking Investment</u> |
| B | Trade or Business Name <u>Viking Investment</u> |
| C | Trade or Business ID Number |
| D 1 | Is this a Specified Service Trade or Business (SSTB)? . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | If No, is income attributable to a SSTB? (see Help) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | QBI worksheet for SSTB income (this will auto-populate if Yes) |
| 4 | Percentage of qualified income attributable to SSTB % |
| E 1 | Tentative Sch C profit (loss) from this business -24,478. |
| 2 | Adjustments to qualified business income 0. |
| 3 | Tentative Sch C profit (loss) from qualified business -24,478. |
| 4 a | Calculated QBI allowed after passive/at-risk limits -24,478. |
| b | Adjustments to allowed QBI |
| c | Allowable QBI after loss limits -24,478. |
| 5 | Self employed deductions connected to this business |
| a | Self employed health insurance for this business 0. |
| b | Total deduction for 1/2 self employment tax |
| c | Deduction for 1/2 S.E. tax connected to this business 0. |
| d | Total deduction for S.E. retirement contributions |
| e | S.E. retirement deduction connected to this business 0. |
| | Total self employed deductions connected to this business 0. |
| 6 | Sch C profit (loss) after S.E. deductions -24,478. |
| 7 | Additional deductions related to this business reported on separate schedules |
| 8 | Net profit (loss) after adjustments, limitations, and deductions -24,478. |
| 9 | Allowable Sch C profit (loss) allocated to SSTB 0. |
| 10 | Allowable Sch C profit (loss) from this business -24,478. |
| F 1 | Ordinary gain (loss) from business assets 0. |
| 2 | Ordinary gain (loss) adjustments |
| 3 | Qualified ordinary gain (loss) 0. |
| 4 a | Calculated QBI allowed after passive/at-risk limits 0. |
| b | Adjustments to allowed QBI |
| c | Allowable short-term qualified gain (loss) after passive/at-risk limits 0. |
| 5 | Allowable ordinary gain (loss) allocated to SSTB 0. |
| 6 | Allowable ordinary gain (loss)/recapture from this business 0. |
| G 1 | Section 1231 gain (loss) from business assets 0. |
| 2 | Section 1231 gain (loss) adjustments |
| 3 | Section 1231 gain (loss) from qualified business 0. |
| 4 a | Calculated QBI allowed after passive/at-risk limits 0. |
| b | Adjustments to allowed QBI |
| c | Allowable ordinary 1231 qualified gain (loss) 0. |
| 5 | Allowable ordinary 1231 gain (loss) allocated to SSTB 0. |
| 6 | Allowable ordinary 1231 gain (loss) from this business 0. |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Qualified Business Income Deduction Smart Worksheet, Continued | |
|---|----------|
| H 1 Allowable QBI (E10 plus F6 plus G6) | -24,478. |
| 2 Qualified business income allocated to SSTB | 0. |
| 3 a Previously disallowed losses freed up in current year | |
| b Adjustments to previously disallowed losses | |
| c Previously disallowed QBI losses to be reported as separate business | 0. |
| d QBI wksht for previously disallowed losses, if present | |
| I 1 Tentative wages | 0. |
| 2 Adjustments | |
| 3 Qualified wages | 0. |
| 4 Qualified wages allocated to SSTB | 0. |
| J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA) | 0. |
| 2 Adjustments | |
| 3 Qualified UBIA | 0. |
| 4 Qualified UBIA allocated to SSTB | 0. |
| K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . . | |
| 2 Wages allocable to qualified payments from coop | |
| 3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . . | |
| 4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . . | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

Carryovers to 2020 Smart Worksheet*Enter carryovers from prior year below.*

| | Regular Tax | QBI | Alternative Minimum Tax |
|--|-------------|-----|-------------------------|
| A Section 179 carryover <i>(enter as positive amount)</i> . . . | | | |
| At-Risk Loss Carryovers <i>(enter as negative amts)</i> | | | |
| B Schedule C suspended loss | | | |
| C Schedule D short-term suspended loss | | | |
| D Schedule D long-term suspended loss | | | |
| E Form 4797 ordinary suspended loss | | | |
| F Form 4797 long-term suspended loss | | | |
| Passive Loss Carryovers <i>(enter as negative amts)</i> | | | |
| G Schedule C suspended loss | | | |
| H Schedule D short-term suspended loss | | | |
| I Schedule D long-term suspended loss | | | |
| J Form 4797 ordinary suspended loss | | | |
| K Form 4797 long-term suspended loss | | | |

Carryovers to 2020 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

| Percentage of SSTB income (by category) <i>Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)</i> | | | | |
|--|--------------|-------------|---------------|---------------|
| | Applicable % | Operating % | Form 4797 ord | Form 4797 l/t |
| 2018 | | | | |
| 2019 | 100.00 | 0.00 | 0.00 | 0.00 |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Carryovers to 2020 Smart Worksheet, Continued | | |
|--|-------------|-----|
| | Regular Tax | QBI |
| Disallowed Section 179 Deduction by Year | | |
| Before 2018 . . . A Section 179 carryover. | | |
| 2018 B Section 179 carryover. | | |
| 2019 C Section 179 carryover. | | |
| Disallowed At-Risk Losses by Year and Type | | |
| Before 2018 . . . A Operating loss | | 0. |
| B Form 4797 ordinary loss | | 0. |
| C Form 4797 long-term loss | | 0. |
| 2018 D Operating loss | | |
| E Form 4797 ordinary loss | | |
| F Form 4797 long-term loss | | |
| 2019 G Operating loss | | |
| H Form 4797 ordinary loss | | |
| I Form 4797 long-term loss | | |
| Disallowed Passive Losses by Year and Type | | |
| Before 2018 . . . A Operating loss | | 0. |
| B Form 4797 ordinary loss | | 0. |
| C Form 4797 long-term loss | | 0. |
| 2018 D Operating loss | | |
| E Form 4797 ordinary loss | | |
| F Form 4797 long-term loss | | |
| 2019 G Operating loss | | |
| H Form 4797 ordinary loss | | |
| I Form 4797 long-term loss | | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED. | | | |
|---|-------------------|----------|-------------------------|
| | Regular Tax | QBI | Alternative Minimum Tax |
| A Ownership | <u>Taxpayer</u> | | |
| B At risk status | <u>All</u> | | |
| C Passive status | <u>Nonpassive</u> | | |
| Schedule C | | | |
| D Tentative profit (loss) | -24,478. | -24,478. | -24,478. |
| E Other adjustments | | | |
| F At risk disallowed loss | | | |
| G Passive carryover loss | | | |
| H Passive disallowed loss | | | |
| I Net profit (loss) allowed | -24,478. | -24,478. | -24,478. |
| Related Dispositions | | | |
| J Tentative profit (loss) | | 0. | |
| K At risk disallowed loss | | | |
| L Passive carryover loss | | | |
| M Passive disallowed loss | | | |
| N Net profit (loss) allowed | | 0. | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| QBI (Section 199A) Losses by Year Smart Worksheet, Continued | | | |
|--|--|-------------|-----|
| At-risk losses | | Regular Tax | QBI |
| Previously disallowed at-risk losses by year | | | |
| Operating Loss | A Total loss in 2020 | | |
| | B Total allowed loss (all years) | | |
| | C Allowed loss in 2020 | | |
| | D Freed up loss from before 2018 | | |
| | E Freed up loss from 2018 | | |
| | F If SSTB, reduced loss from 2018 | | |
| | G Freed up loss from 2019 | | |
| | H If SSTB, reduced loss from 2019 | | |
| Form 4797 ordinary loss | I Total loss in 2020 | | |
| | J Total allowed loss (all years) | | |
| | K Allowed loss in 2020 | | |
| | L Freed up loss from before 2018 | | |
| | M Freed up loss from 2018 | | |
| | N If SSTB, reduced loss from 2018 | | |
| | O Freed up loss from 2019 | | |
| | P If SSTB, reduced loss from 2019 | | |
| Form 4797 long term loss | Q Total loss in 2020 | | |
| | R Total allowed loss (all years) | | |
| | S Allowed loss in 2020 | | |
| | T Freed up loss from before 2018 | | |
| | U Freed up loss from 2018 | | |
| | V If SSTB, reduced loss from 2018 | | |
| | W Freed up loss from 2019 | | |
| | X If SSTB, reduced loss from 2019 | | |
| At-risk loss carryforwards to 2021 | | | |
| Before 2018 | A Operating loss | | 0. |
| | B Form 4797 ordinary loss | | 0. |
| | C Form 4797 long-term loss | | 0. |
| 2018 | D Operating loss | | |
| | E Form 4797 ordinary loss | | |
| | F Form 4797 long-term loss | | |
| 2019 | G Operating loss | | |
| | H Form 4797 ordinary loss | | |
| | I Form 4797 long-term loss | | |
| 2020 | J Operating loss | | |
| | K Form 4797 ordinary loss | | |
| | L Form 4797 long-term loss | | |

SMART WORKSHEET FOR: Schedule C (Consulting): Profit or Loss from Business

| QBI (Section 199A) Losses by Year Smart Worksheet, Continued | | | |
|--|--|-------------|-----|
| Passive losses | | Regular Tax | QBI |
| Previously disallowed passive losses by year | | | |
| Operating Loss | A Total loss in 2020 | | |
| | B Total allowed loss (all years) | | |
| | C Allowed loss in 2020 | | |
| | D Freed up loss from before 2018 | | |
| | E Freed up loss from 2018 | | |
| | F If SSTB, reduced loss from 2018 | | |
| | G Freed up loss from 2019 | | |
| | H If SSTB, reduced loss from 2019 | | |
| Form 4797 ordinary loss | I Total loss in 2020 | | |
| | J Total allowed loss (all years) | | |
| | K Allowed loss in 2020 | | |
| | L Freed up loss from before 2018 | | |
| | M Freed up loss from 2018 | | |
| | N If SSTB, reduced loss from 2018 | | |
| | O Freed up loss from 2019 | | |
| | P If SSTB, reduced loss from 2019 | | |
| Form 4797 long term loss | Q Total loss in 2020 | | |
| | R Total allowed loss (all years) | | |
| | S Allowed loss in 2020 | | |
| | T Freed up loss from before 2018 | | |
| | U Freed up loss from 2018 | | |
| | V If SSTB, reduced loss from 2018 | | |
| | W Freed up loss from 2019 | | |
| | X If SSTB, reduced loss from 2019 | | |
| Passive loss carryforwards to 2021 | | | |
| Before 2018 | A Operating Loss | | 0. |
| | B Form 4797 ordinary loss | | 0. |
| | C Form 4797 long-term loss | | 0. |
| 2018 | D Operating Loss | | |
| | E Form 4797 ordinary loss | | |
| | F Form 4797 long-term loss | | |
| 2019 | G Operating loss | | |
| | H Form 4797 ordinary loss | | |
| | I Form 4797 long-term loss | | |
| 2020 | J Operating loss | | |
| | K Form 4797 ordinary loss | | |
| | L Form 4797 long-term loss | | |

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

| Eligibility Smart Worksheet | | | |
|--|--|---|--|
| A | The amount on Form 1040, 1040-SR, or Form 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly). | ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| B | Born after January 1, 2003. | Taxpayer ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | Spouse . ▶ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C | Claimed as a dependent on someone else's 2020 tax return. | Taxpayer ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | Spouse . ▶ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D | A student in 2020 (see instructions) | Taxpayer ▶ Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | Spouse . ▶ Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>Note: If the 'Yes' box on line A is checked, you are not eligible for the credit and this form will not be completed.</p> <p>Even if the 'No' box on line A is checked, any retirement savings contribution the taxpayer may have will not qualify for the credit if any 'Yes' box is checked on line B, C, or D for the taxpayer. If this is the case, lines 1 through 6 will not be completed for the taxpayer.</p> <p>Similarly, any retirement savings contribution the spouse may have will not qualify for the credit if any 'Yes' box is checked on line B, C, or D for the spouse; in this case, lines 1 through 6 will not be completed for the spouse, even if the 'No' box is checked on line A.</p> | | | |

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

| Line 2 Smart Worksheet | | | |
|---|--------------|--------|--------------|
| Elective deferrals | Taxpayer . . | 1,167. | Spouse . . . |
| After-tax voluntary employee contributions (See help) | Taxpayer . . | | Spouse . . . |

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

| Line 11 Credit Limit Smart Worksheet | | | |
|---|--|--|--------|
| 1 | Enter the amount from Form 1040, 1040-SR, or Form 1040-NR, line 17 | | 3,028. |
| 2 | Form 1040 or 1040-SR filers: Enter the total of your credits from Schedule 3, lines 1 through 3, and Schedule R, line 22. Form 1040-NR filers: Enter the total of your credits from Sch 3, lines 1 - 3. | | |
| 3 | Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop ; you can't take this credit--don't file this form. | | 3,028. |